

Medical Policy



Vaporizer

▼ Description

A device that heats water until it turns to steam or blows cool air into mist.

▼ Policy

Vaporizers may be considered reasonable and necessary for members with a respiratory illness.

▼ HCPCS Level II Codes and Description

E0605 Vaporizer, room type

▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to

dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood’s policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ **References**

Centers for Medicare and Medicaid Services (CMS), National Coverage Determination Manual. 280.1 Durable Medical Equipment Reference List. <http://www.cmms.hhs.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&NCAId=3&ver=5&NcaName=Air-Fluidized+Beds+for+Pressure+Ulcers&bc=AiAAAAAAIAAA&>

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a
01		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009
03	12-08-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
05	12-15-11	Annual Review – changed per Medicare classification. Added References to Policy.	Susan Glomb	Dr. B. Almasri	Dec. 2011
06	11-30-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
07	12-11-13	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	
08	12-2-14	Annual review. Removed reference to humidifier distributing medication or	Susan Glomb	Dr. B. Almasri	

		antiseptic into nose or throat. Added : Heats water until it turns to steam or cool air into mist.			
09	10-27-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	
10	11-17-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016
11	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017
12	11-14-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018