



P R O V I D E R B U L L E T I N

B T 2 0 0 0 4 2

O C T O B E R 2 0 , 2 0 0 0

To: All Indiana Health Coverage Programs Durable Medical Equipment Suppliers, Physicians, and Hospitals

Subject: K-Codes for Billing Respiratory Assist Devices

Overview

The Indiana Health Coverage Programs (IHCP) recently reviewed provider inquiries resulting from the deletion of two Level II Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS) E-codes. Codes E0452 and E0453 covered non-invasive respiratory assist devices (RAD) with bi-level pressure capability (BiPAP) through May 18, 2000. Through research, the following coding for non-invasive RAD and accessories has been established.

Figure 1.1 – RAD Devices

Procedure Code	Effective Date	Replace Procedure Code	Description	Prior Authorization Required	Modifier
K0532	5/19/00	E0452	RAD, BiPAP, without backup rate feature, used with non-invasive interface, such as nasal or facial mask (intermittent assist device with continuous positive pressure device)	Yes	RR only Frequent and substantial service item
K0533	5/19/00	E0453	RAD, BiPAP, with backup rate feature, used with non-invasive interface, such as nasal or facial mask (intermittent assist device with continuous positive pressure device)		
E0601	Unchanged	NA	Continuous airway pressure devices	No	RR only Frequent and substantial service item

Criteria for authorization for K0532 and K0533 were adopted from Medicare. Please refer to the *Region B DMERC Supplier Manual* for current criteria. IHCP requires no *Certificate of Medical Necessity* for bi-level, non-invasive respiratory assist devices. However, the information required by the criteria must be documented and submitted with the prior authorization (PA) request.

Figure 1.2 – RAD Accessories

Procedure Code	Effective Date	Replaces Procedure Code	Description	Maximum Allowed Quantities	PA Required	Modifier
K0268	5/19/00	E1399	Humidifier, non-heated, used with positive airway pressure device	RR= one unit per month times 15 months NU= one unit per five years	Yes	RR or NU Capped rental category
K0531	5/19/00	E1399	Humidifier, heated, used with positive airway pressure device			
K0183	10/1/00	E1399	Nasal application device, used with positive airway pressure device	One unit per three months	No	NU
K0184	10/1/00	E1399	Nasal pillow/seals, replacement for nasal application device, pair	Two units per one month		
K0185	10/1/00	E1399	Headgear, used with positive airway pressure device	One unit per six months		
K0186	10/1/00	E1399	Chin strap, used with positive airway pressure device	One unit per six months		
K0187	10/1/00	E1399	Tubing, used with positive airway pressure device	One unit per one month		
K0188	10/1/00	E1399	Filter, disposable, used with positive airway pressure device	Two units per one month		
K0189	10/1/00	E1399	Filter, non-disposable, used with positive airway pressure device	One unit per six months		

All accessories, except humidifiers with codes K0268 and K0531, will continue to be included in the equipment rental reimbursement rate for K0532, K0533, and E0601. Codes K0268 and K0531 may be billed separately. Accessories can be billed separately for patient owned equipment only. Codes K0268 or K0531 may be used in conjunction with E0601, K0532, and K0533.

Note: The usual maximum amount of replacement accessories that will be reimbursed was adopted from Medicare. Claims for more than the usual maximum replacement quantities will be denied as not medically necessary.

Physician documentation must support the medical necessity of the requested humidifier. Documentation must indicate that the member has a medical condition that interferes with the compliance and use of the non-invasive RAD and that the humidifier could improve this condition. A three-month rental trial will be required before the purchase of a humidifier is authorized. Documentation for purchase must indicate that the member has been compliant with the use of the humidifier on a consistent basis, and that the conditions that made the equipment medically necessary have improved with the use of the humidifier. The trial rental reimbursement cost will be applied to the purchase price. Code K0531 will be considered for coverage only after a one-month trial with K0268 has failed to improve the condition that interfered with the use of the non-invasive RAD. Documentation of the failed K0268 trial must be submitted with the PA request. See *Indiana Health Coverage Programs 1999 Provider Manual* (Chapter 8, pages 132-134) for an explanation of rental categories.

System Update Instructions for Claims Made for BiPAP or Humidifiers Requested Under a Miscellaneous Code for Service Dates After May 18, 2000

The retroactive effective date for K0268, K0531, K0532, and K0533 is May 19, 2000. Providers that have requested PA under a miscellaneous service code for the associated equipment after May 18, 2000, may submit a system update to change the miscellaneous code to the appropriate K-code. This may be accomplished in one of the following ways:

- Send copies of the original PA request with the assigned PA number written in the top right-hand corner of the request form
- Send a list of all the PA numbers that require a system update. If sending a list of the affected PA numbers, please include the correct provider number, member's recipient identification number, the appropriate K-code, and the dates of service. Mail the list to the following location:

**Health Care Excel
PA Department
ATTENTION PA SUPERVISOR
P.O. Box 531520
Indianapolis, IN 46253-1520**

Additional Information

If there are any questions about the policy information contained in this bulletin, please contact the HCE Medical Policy department at (317) 347-4500. Requests for prior authorization may be directed to the Prior Authorization department at (317) 347-4511 in the Indianapolis local area or 1-800-457-4518.