In this issue

- Breast prostheses, external ........................................ 96-299
- Broadcast Fax service considered .................................. 96-313
- Certificates of Medical Necessity, version .01 no longer valid ............................................................... 96-309
- Change of address update, beneficiary .......................... 96-309
- Claims, accessing pending and resolved on-line ............. 96-314
- DMERC Medicare Advisory update ................................ 96-309
- Drug update .................................................................. 96-320
- Epoetin Alpha .................................................................. 96-320
- Immunosuppressive drugs .............................................. 96-320
- Infusion therapy ............................................................. 96-320
- Nebulizer drugs .............................................................. 96-320
- Oral anti-cancer ............................................................... 96-319
- Temporary HCPCS codes .............................................. 96-323
- Educating physicians, help available ................................ 96-300
- Epoetin Alpha .................................................................. 96-320
- Facial prosthesis ............................................................... 96-276
- Fee schedule update ...................................................... 96-318
- HCFA Common Procedure Coding System.................. 96-280
- Temporary codes ........................................................... 96-320
- Home blood glucose monitors ....................................... 96-293
- Immunosuppressive drugs .............................................. 96-284
- Infusion pumps, external ............................................... 96-284
- Infusion therapy ............................................................. 96-323
- Inherent reasonableness final notice ............................... 96-317
- Intraperitoneal nutrition to be billed as not otherwise classified ................................................................. 96-307
- Lymphedema pump .......................................................... 96-308
- Documentation requirements expand ............................ 96-306
- Physician Information Sheet ........................................ 96-301
- Manual revisions included with each DMERC Medicare Advisory ................................................................. 96-275
- Medical affairs bulletin .................................................. 96-275
- Documentation for nebulizer drugs ............................... 96-305
- Extra documentation required for some surgical dressings ................................................................. 96-306
- Intraperitoneal nutrition to be billed as not otherwise classified ................................................................. 96-307
- Licensed entities to submit prescription drug claims ........ 96-305
- Lymphedema pump documentation requirements expand ................................................................................. 96-306
- Sterile catheterization documentation clarified .............. 96-307
- Medical review policies .................................................. 96-306
- External breast prostheses .............................................. 96-299
- External infusion pumps ................................................. 96-284
- Facial prostheses ............................................................... 96-276
- Home blood glucose monitors ....................................... 96-293
- Suction pumps ............................................................... 96-290
- Tracheostomy care supplies .......................................... 96-291
- Transcutaneous electrical nerve stimulators ................. 96-295
- National Supplier Clearinghouse .................................. 96-316
- Nebulizer drugs ............................................................... 96-320
- Documentation for .......................................................... 96-305
- Pricing update ................................................................ 96-320
- Ombudsmen ................................................................ 96-305
- How to make the most of yours ...................................... 96-321
- Join Region C ................................................................. 96-322
- Addresses and their territories ...................................... 96-323
- Oral anti-cancer drug update ......................................... 96-319
- Ostomy supply HCPCS codes established ..................... 96-280
- PAYERID ........................................................................ 96-311
- Pneumatic compressor/lymphedema pump coding chart update ................................................................. 96-308
- Prescription drug claims, licensed entities to submit ......... 96-305
- Drug update .................................................................. 96-320
- Epoetin Alpha .................................................................. 96-320
- Immunosuppressive drugs .............................................. 96-320
- Infusion therapy ............................................................. 96-320
- Nebulizer drugs .............................................................. 96-320
- Oral anti-cancer ............................................................... 96-319
- Temporary HCPCS codes .............................................. 96-320
- Inherent reasonableness final notice ............................... 96-317
- Fee schedule update ...................................................... 96-318
- Prostheses .................................................................... 96-299
- External breast ............................................................... 96-299
- Facial ............................................................................ 96-276
- Publications library, accessing on-line ............................. 96-314
- Secondary payer, Medicare as ........................................ 96-310
- Software vendors, billing services and clearing houses; current list of DMERC certified now available ................................................................. 96-314
- Sterile catheterization documentation clarified .............. 96-307
- Subject index, 1994-1995 DMERC Medicare Advisory ................................................................. 96-324
- Suction pumps ............................................................... 96-290
- Supplier standards expanded ......................................... 96-316
- Surgical dressings, extra documentation required for some ................................................................................. 96-306
- Tracheostomy care supplies .......................................... 96-291
- Transcutaneous electrical nerve stimulators ................. 96-295

Important!

Manual revisions included with each DMERC Medicare Advisory

Effective with this issue, Palmetto GBA is releasing manual revisions with each DMERC Medicare Advisory to provide you with a more current and accurate supplier manual. At the end of this issue, you will find the most recent manual revisions, formatted for inclusion in your DMEPOS Supplier Manual. By distributing revisions quarterly, manuals may be updated on a more timely basis, and the number of pages needing to be replaced at any one time will be more manageable.

Palmetto Government Benefits Administrators

DMERC MEDICARE ADVISORY

Durable Medical Equipment Regional Carrier P.O. Box 100141 Columbia, S.C. 29202-3141

SEPTEMBER 1996

PAGE 96-275

Alabama
Arkansas
Colorado
Florida

Georgia
Kentucky
Louisiana
Mississippi

New Mexico
North Carolina
Oklahoma
Puerto Rico

South Carolina
Tennessee
Texas
Virgin Islands
NEW MEDICAL POLICY RELEASED

Subject: Facial prostheses

HCPCS codes

The appearance of a HCPCS code in this section does not necessarily indicate coverage.

- K0440–Nasal prosthesis, provided by a non-physician
- K0441–Midfacial prosthesis, provided by a non-physician
- K0442–Orbital prosthesis, provided by a non-physician
- K0443–Upper facial prosthesis, provided by a non-physician
- K0444–Hemi-facial prosthesis, provided by a non-physician
- K0445–Auricular prosthesis, provided by a non-physician
- K0446–Partial facial prosthesis, provided by a non-physician
- K0447–Nasal septal prosthesis, provided by a non-physician
- K0448–Unspecified maxillofacial prosthesis, by report, provided by a non-physician
- K0449–Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician
- V2623–Prosthetic eye, plastic, custom
- V2629–Prosthetic eye, other type
- A4455–Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
- K0265–Tape, all types, per 18 square inches
- K0450–Adhesive, liquid, used with facial prosthesis only, per ounce
- K0451–Adhesive remover, wipes, per box of 50

HCPCS modifiers

- KM–Replacement of facial prosthesis, including new impression/moulage
- KN–Replacement of facial prosthesis, using previous master model

Benefit category

Prosthetic Devices

Definition

A nasal prosthesis (K0440) is a removable superficial prosthesis which restores all or part of the nose. It may include the nasal septum.

A mid-facial prosthesis (K0441) is a removable superficial prosthesis which restores all or part of the nose plus significant adjacent facial tissue/structures, but does not include the orbit or any intraoral maxillary component. Adjacent facial tissue/structures include one or more of the following: soft tissue of the cheek, upper lip or forehead.

An orbital prosthesis (K0442) is a removable superficial prosthesis which restores the eyelids and the hard and soft tissue of the orbit. It also may include the eyebrow. This HCPCS code does not include the ocular prosthesis component.

An upper facial prosthesis (K0443) is a removable superficial prosthesis which restores all or part of the nose plus the orbit plus significant adjacent facial tissue/structures, but does not include any intraoral maxillary component. This HCPCS code does not include the ocular prosthesis component.
FACIAL PROSTHESSES MEDICAL POLICY
(continued)

An auricular prosthesis (K0445) is a removable superficial prosthesis which restores all or part of the ear.

A partial facial prosthesis (K0446) is a removable prosthesis which occludes a hole in the nasal septum, but does not include superficial nasal tissue.

HCPCS code V2623 describes an ocular prosthesis which is custom fabricated.

Coverage and payment rules

A facial prosthesis is covered when there is loss or absence of facial tissue due to disease, trauma, surgery or a congenital defect.

Adhesives, adhesive remover and tape used in conjunction with a facial prosthesis are covered. Other skin care products related to the prosthesis, including but not limited to cosmetics, skin cream, cleansers, etc., are non-covered.

The following services and items are included in the allowance for a facial prosthesis and, therefore, are not separately billable to, or payable by, Medicare under the prosthetic device benefit:

♦ evaluation of the patient;
♦ preoperative planning;
♦ cost of materials;
♦ labor involved in the fabrication and fitting of the prosthesis;
♦ modifications to the prosthesis made at the time of delivery of the prosthesis, or within 90 days thereafter;
♦ repair due to normal wear or tear within 90 days of delivery; or
♦ follow-up visits within 90 days of delivery of the prosthesis.

Modifications to a prosthesis are separately payable when they occur more than 90 days after delivery of the prosthesis and are required because of a change in the patient’s condition.

Repairs are covered when there has been accidental damage to or extensive wear on the prosthesis that can be repaired. If the expense for repairs exceeds the estimated expense for a replacement prosthesis, no payments can be made for the amount of the excess.

Follow-up visits which occur more than 90 days after delivery and which do not involve modification or repair of the prosthesis are non-covered services.

Replacement of a facial prosthesis is covered in cases of loss or irreparable damage or wear, or when required because of a change in the patient’s condition that cannot be accommodated by modification of the existing prosthesis. When replacement involves a new impression/moulage rather than use of a previous master model, the reason for the new impression/moulage must be documented clearly in the supplier’s records and be available to the DMERC on request.

Claims for facial prostheses from NON-PHYSICIANS provided in an office or nursing home setting are submitted to the DMERC. Claims for facial prostheses from PHYSICIANS in these settings are submitted to the local carrier. Claims for facial prostheses provided in an outpatient hospital setting are submitted to the local intermediary. Facial prostheses provided in an inpatient hospital setting are included in the payment made to the hospital and, therefore, should not be submitted to the DMERC. Implanted prosthesis-anchoring components should not be billed to the DMERC.
Facial Prostheses Medical Policy
(continued)

If an ocular prosthesis is dispensed to the patient as an integral part of a facial prosthesis, the ocular prosthesis component must be billed by the supplier of the facial prosthesis. (For information on ocular prostheses not part of the orbital prostheses, refer to the medical policy on eye prostheses.)

Coding guidelines

When a replacement prosthesis is fabricated starting with a new impression/moulage, the KM modifier should be added to the HCPCS code. When a replacement prosthesis is fabricated using a previous master model, the KN modifier should be added to the HCPCS code.

Covered modifications or repairs are billed using HCPCS code K0449 for the labor components and HCPCS code K0448 for any materials used. Time reported using HCPCS code K0449 should be only for laboratory modification/repair time, and associated prosthetic evaluation used only for services after 90 days from the date of delivery of the prosthesis. Evaluation not associated with repair or modification is non-covered and should not be coded as K0449.

Adhesives, adhesive remover and tape used in conjunction with a facial prosthesis should be billed using HCPCS codes K0450, A4455, K0451 or K0265. The unit of service is specified for each HCPCS code. For tape, one unit of service is 18 square inches. Therefore, a roll of tape ½" x 3 yds. would be 3 units; 1" x 3 yds. would be 6 units. Other skin care products related to the prosthesis generally should not be billed to the DMERC, but if they are billed at the beneficiary's request, HCPCS code A9270 (non-covered item or service) should be used.

When a new ocular prosthesis component which is used to attach it to a bone-anchored implant, or to an internal prosthesis (e.g. maxillary obturator), that component should be billed separately using HCPCS code K0448. This HCPCS code should NOT be used for implanted prosthesis-anchoring components.

HCPCS code K0448 also is used for a facial prosthesis that is not described by a specific HCPCS code (K0440–K0447).

HCPCS code V2629 also is used for a facial prosthesis that is NOT custom fabricated (i.e. stock prosthesis).

When a prosthesis is needed for adjacent facial regions, a single HCPCS code must be used to bill for the item whenever possible. For example, if a defect involves the nose and orbit, this should be billed using the hemifacial prosthesis HCPCS code and NOT separate HCPCS codes for the orbit and nose. This applies even if the prosthesis is fabricated in two separate parts.

The right (RT) and left (LT) modifiers should be used with facial prosthesis HCPCS codes when applicable. If bilateral prostheses using the same HCPCS code are billed on the same date of service, the HCPCS code should be entered on a single claims line, using the LTRT modifiers, and billed with 2 units of service.

Documentation

An order for the initial prosthesis and/or related supplies which is signed and dated by the ordering physician must be kept on file by the prosthetist/supplier. A separate physician order is not required for subsequent modification, repairs or replacement of a facial prosthesis. A new order is required when different supplies are ordered.

When HCPCS codes A4455, K0265 or K0451 are billed for supplies used in conjunction with a facial prosthesis, ICD-9 diagnosis code V43.89 also should be included on each claim.
FACIAL PROSTHESES MEDICAL POLICY
(continued)

A photograph of the prosthesis and a photograph of the patient without the prosthesis must be retained in the supplier’s record and be available to the DMERC on request.

When HCPCS code K0450 is billed, the claim must be accompanied by a complete description and a drawing/copy of photograph of the item provided and the medical necessity. When HCPCS code V2629 is billed, the claim must be accompanied by a complete description of the item.

Claims for replacement, repair or modification of a facial prosthesis must include an explanation of the reason for the service.

When additional documentation is required, it should be entered in the HAØ record of an electronic claim or attached to a paper claim.

Refer to the DMEPOS Supplier Manual for more information on orders, medical records and supplier documentation.

Effective date

Claims with dates of service on or after October 1, 1996.
New HCPCS codes have been established for ostomy solid-skin barriers that are extended wear and/or have built-in convexity. The HCPCS codes are:

- **K0279**—Skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, any size, each
- **K0429**—Skin barrier, solid, 4 x 4 or equivalent, extended wear, without built-in convexity, each
- **K0430**—Skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each
- **K0431**—Pouch, closed, with standard wear barrier attached, with built-in convexity (1 piece), each
- **K0432**—Pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece), each
- **K0433**—Pouch, drainable, with standard wear barrier attached, with built-in convexity (1 piece), each
- **K0434**—Pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
- **K0435**—Pouch, urinary, with extended wear barrier attached, without built-in convexity (1 piece), each
- **K0436**—Pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
- **K0437**—Pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each

In addition, the following codes’ narrative has been revised by adding the term “standard wear.”

- **K0277**—Skin barrier; solid, 4 x 4 or equivalent, standard wear with built-in convexity, each
- **K0278**—Skin barrier; with flange (solid, flexible, or accordion), standard wear with built-in convexity, any size, each

The new HCPCS codes and revised narrative of existing HCPCS codes are effective for dates of service on or after October 1, 1996.

Attachment 1 (page 96-282 of this *DMERC Medicare Advisory*) provides definitions of extended wear barriers, barriers with built-in convexity and other terms in the HCPCS codes. At present, the only products that should be coded as extended wear barriers are the Durahesive barrier by ConvaTec and the Flectend barrier by Hollister. If a supplier or manufacturer thinks another product qualifies as an extended wear barrier, they should contact the SADMERC for a coding determination.

Attachment 2 (page 96-282 of this *DMERC Medicare Advisory*) lists all solid barrier HCPCS codes so that suppliers can see the choices within each group of HCPCS codes. The barriers in HCPCS codes A4362, A5123, A5051, A5061 and A5071 are standard wear barriers without built-in convexity.

New HCPCS codes also have been established for ostomy pouches with attached faceplates, ostomy pouches for use on a faceplate, and a faceplate equivalent. The HCPCS codes are:

- **K0419**—Pouch, drainable, with faceplate attached, plastic, each
OSTOMY SUPPLY
HCPCS CODES
ESTABLISHED (continued)

K0420–Pouch, drainable, with faceplate attached, rubber, each
K0421–Pouch, drainable, for use on faceplate, plastic, each
K0422–Pouch, drainable, for use on faceplate, rubber, each
K0423–Pouch, urinary, with faceplate attached, plastic, each
K0424–Pouch, urinary, with faceplate attached, rubber, each
K0425–Pouch, urinary, for use on faceplate, plastic, each
K0426–Pouch, urinary, for use on faceplate, heavy plastic, each
K0427–Pouch, urinary, for use on faceplate, rubber, each
K0428–Ostomy faceplate equivalent, silicone ring, each

These HCPCS codes are effective for dates of service on or after October 1, 1996. Attachment 3 (page 96-283 of this DMERC Medicare Advisory) lists products that would be appropriately billed using the new HCPCS codes. Inquiries concerning the coding of items not on the list should be directed to the SADMERC. For products not on the list, suppliers should use their knowledge of the product and the definitions listed below to determine the correct HCPCS code until a determination is published in a future DMERC Medicare Advisory or they receive a response from the SADMERC to a coding inquiry. It should be noted that there are no products manufactured by Coloplast, Convatec or Hollister that would be billed using these HCPCS codes.

The following HCPCS codes will be invalid for claims with dates of service on or after October 1, 1996, that are received by the DMERC on or after January 1, 1997. These HCPCS codes will continue to be valid for dates of service prior to October 1, 1996, regardless of the date of receipt.

A5064–Pouch, drainable, with faceplate attached, plastic or rubber
A5065–Pouch, drainable, for use on faceplate, plastic or rubber
A5074–Pouch, urinary, with faceplate attached, plastic or rubber
A5075–Pouch, urinary, for use on faceplate, plastic or rubber

Products billed using the deleted A HCPCS codes are not crosswalked to one of the new HCPCS codes. Surveys of current billing practice have revealed a number of suppliers are incorrectly billing products using these A HCPCS codes. Attachment 1 provides definitions that apply to ostomy pouch systems and should serve as the basis for coding products not found on the product classification list.

New codes also have been established for ostomy deodorants. They are:

K0438–Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce
K0439–Ostomy deodorant for use in ostomy pouch, solid, per tablet

The codes are effective for dates of service on or after October 1, 1996. The current code for ostomy deodorants, XX006, will be invalid for:

♦ claims with dates of service on or after October 1, 1996, and
♦ that are received by the DMERC on or after January 1, 1997.

HCPCS code XX006 will continue to be valid for dates of service prior to October 1, 1996, regardless of the date of receipt.
Attachment 1

DEFINITIONS
A solid barrier (wafer) is an interface between the patient’s skin and the pouching system which is made of a pectin-based or karaya material, has measurable thickness and an adhesive property. There are distinct HCPCS codes for barriers with built-in convexity compared to flat barriers. There also are distinct HCPCS codes for extended wear compared to standard wear barriers.

A barrier with built-in convexity is one in which an outward curve is achieved by plastic embedded in the barrier.

An extended wear barrier is a pectin-based barrier with special additives which achieve a stronger adhesive seal, resist breakdown by urine or ileal effluent and permit longer wear time between changes.

A pouch “without barrier attached” is one in which a solid barrier is part of a one piece pouch system. There are distinct HCPCS codes for one piece pouches with convex barriers and extended wear barriers.

A pouch “without barrier attached” is a pouch with or without a thin adhesive coating that is applied directly to the skin or to a separate barrier.

A faceplate is a solid interface between the patient’s skin and the pouch. It usually is made of plastic, rubber or encased metal. It does not have an adhesive property and there is no pectin-based or karaya material that is an integral part of a faceplate. It can be taken off the skin and reattached repeatedly. It is held on by means of a separate adhesive and/or an elastic belt. The clips for attaching the belt are usually a part of the faceplate. There is no coding distinction between flat and convex faceplates.

A pouch “with faceplate attached” or “for use on a faceplate” is generally rubber or heavy plastic. It is drainable, cleanable and reusable for periods of weeks to months, depending on the product.

Attachment 2

OSTOMY BARRIER HCPCS CODES
A4362—Skin barrier, solid, 4 x 4 or equivalent, each
A5051—Pouch, closed, with barrier attached (1 piece)
A5061—Pouch, drainable, with barrier attached (1 piece)
A5071—Pouch, urinary, with barrier attached (1 piece)
A5123—Skin barrier, with flange (solid, flexible or accordion), any size, each
K0277—Skin barrier, solid, 4 x 4 or equivalent, standard wear with built-in convexity, each
K0278—Skin barrier, with flange (solid, flexible, or accordion), standard wear, with built-in convexity, any size, each
K0279—Skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, any size, each
K0429—Skin barrier, solid, 4 x 4 or equivalent, extended wear, without built-in convexity, each
K0430—Skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each
K0431—Pouch, closed, with standard wear barrier attached, with built-in convexity (1 piece), each
K0432—Pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece), each
### Attachment 3

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Manufacturer</th>
<th>Brand Name/Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>K0419</strong></td>
<td>Pouch, drainable, with faceplate attached, plastic, each</td>
<td>Marlen</td>
<td>OPV 4001</td>
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<td>SI 2001</td>
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<td>Marlen</td>
<td>OPV 4001</td>
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<td></td>
<td>SI 2001</td>
</tr>
<tr>
<td><strong>K0421</strong></td>
<td>Pouch, drainable, for use on faceplate, plastic, each</td>
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<td>Permettes</td>
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<td>Smith &amp; Nephew</td>
<td>Feather-Lite Odorproof Ileostomy Pouch</td>
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<td>Feather-Lite Vinyl Ileostomy Pouch</td>
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<td>Torbot</td>
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<td>Feather-Lite Dri-Flo Urinary Pouch</td>
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<td>Torbot</td>
<td>Colostomy/Ileostomy Synthetic Pouch with apron</td>
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<td>Colostomy/Ileostomy Synthetic Pouch with apron</td>
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<td>Colostomy/Ileostomy Synthetic Pouch with apron</td>
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<td>Torbot</td>
<td>Urinary Rubber Pouch</td>
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<td>Urinostomy</td>
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MEDICAL REVIEW POLICIES REVISED

The following DMERC Regional Medical Review Policies (RMRPs), pages 96-279–294, were published originally in September 1993. To achieve greater consistency among the four DMERCs, the following policies have undergone minor changes reflecting new HCPCS codes, previously published changes in coverage criteria, consistent wording, etc. The following pages include revised RMRPs for:

- External Infusion Pumps,
- Suction Pumps,
- Tracheostomy Care Supplies,
- Home Blood Glucose Monitors,
- Transcutaneous Electrical Nerve Stimulators (TENS), and
- External Breast Prostheses.

Please read them carefully.

EXTERNAL INFUSION PUMPS MEDICAL POLICY

Subject: External infusion pumps

HCPCS codes

The appearance of a HCPCS code in this section does not necessarily indicate coverage.

Equipment

E0781–Ambulatory infusion pump, single or multiple channels, with administrative equipment, worn by patient
E0782–Infusion pump, implantable
E0791–Parenteral infusion pump, stationary, single or multichannel
E0776–IV pole
E1399–Durable medical equipment, miscellaneous
K0284–External infusion pump, mechanical, reusable, for extended drug infusion
K0417–External infusion pump, mechanical, reusable, for short term drug infusion

Supplies

A4305–Disposable drug delivery system, flow rate of 50 ml or greater per hour
A4306–Disposable drug delivery system, flow rate of 5 ml or less per hour
A9270–Non-covered item or service
K0110–Supplies for the maintenance of a drug infusion catheter, per week
K0111–Supplies for external drug infusion pump, per cassette or bag

Drugs

J0895–Injection, deferoxamine mesylate, 500 mg per 5 cc
J1170–Injection, hydromorphone, up to 4 mg
EXTERNAL INFUSION PUMPS MEDICAL POLICY
(continued)

J1250-Injection, dobutamine hydrochloride, per 250 mg
J1455-Injection, foscarnet sodium, per 1000 mg
J1570-Injection, ganciclovir sodium, 500 mg
J2175-Injection, meperidine, per 100 mg
J2260-Injection, milrinone lactate, per 5 ml
J2270-Injection, morphine sulfate, up to 10 mg
J2275-Injection, morphine sulfate (preservative-free sterile solution), per 10 mg
J3010-Injection, fentanyl citrate, up to 2 ml
J7799-NOC drugs, other than inhalation drugs, administered through DME
J9000-Doxorubicin HCL, 10 mg
J9010-Doxorubicin HCL, 50 mg
J9040-Bleomycin sulfate, 15 units
J9065-Injection, cladribine, per 1 mg
J9100-Cytarabine, 100 mg
J9110-Cytarabine, 500 mg
J9190-Fluorouracil, 500 mg
J9200-Floxuridine, 500 mg
J9360-Vinblastine sulfate, 1 mg
J9370-Vincristine sulfate, 1 mg
J9375-Vincristine sulfate, 2 mg
J9380-Vincristine sulfate, 5 mg

Benefit category
Durable Medical Equipment

Reference
Coverage Issues Manual 60-14

Definition

An ambulatory infusion pump (E0781) is an electrical device which is used to deliver solutions containing parenteral medication under pressure at a regulated flow rate. It is small, portable and designed to be carried by the patient.

A stationary infusion pump (E0791) is an electrical device which serves the same purpose as an ambulatory pump, but is larger and typically mounted on a pole.

An infusion controller (E1399) is an electrical device which regulates the flow of parenteral solutions under gravity pressure.

A reusable mechanical infusion pump (K0284) is a device used to deliver solutions containing parenteral medication under pressure at a constant flow rate determined by the tubing with which it is used. It is small, portable and designed to be carried by the patient. It must be capable of a single infusion cycle of at least 8 hours.

HCPCS code K0417 describes a mechanical infusion pump which is similar to a K0284 pump, but which is only capable of a single infusion cycle of less than 8 hours.
EXTERNAL INFUSION PUMPS MEDICAL POLICY
(continued)

A disposable drug delivery system (A4305, A4306) is a device used to deliver solutions containing parenteral medication under pressure generated from the elastic properties of the container. It is commonly called an elastomeric infusion pump.

HCPCS code K0110 includes dressings for the catheter site and flush solutions not directly related to drug infusion. The catheter site may be a peripheral intravenous line, a peripherally inserted central catheter (PICC), a centrally inserted intravenous line with either an external or subcutaneous port, or an epidural catheter.

HCPCS code K0111 includes the cassette or bag, diluting solutions, tubing and other administration supplies, port cap changes, compounding charges and preparation charges.

Coverage and payment rules

An infusion pump is indicated for the administration of parenteral medication in the home setting when both of the following criteria are met:

1. parenteral administration of the medication in the home is reasonable and necessary, and
2. an infusion pump is necessary to safely administer the medication.

An external infusion pump is covered for the following indications:

1. in the administration of deferoxamine for the treatment of chronic iron overload,
2. chemotherapy for the treatment of primary hepatocellular carcinoma or colorectal cancer where this disease is un-resectable or where the patient refuses surgical excision of the tumor, and
3. morphine when used in the treatment of intractable pain caused by cancer.

Additional uses of an infusion pump are covered for the administration of parenteral medication in the home setting if the patient meets:

a) criteria 1, 2 and 3, or
b) criteria 1, 4 and 5.

Criteria

1) Parenteral administration of the medication in the home is reasonable and necessary.
2) The drug is administered by a prolonged infusion of at least 8 hours because of proven improved clinical efficacy.
3) The therapeutic regimen is proven or generally accepted to have significant advantages over:
   a) intermittent bolus administration regimens, or
   b) infusions lasting less than 8 hours.
4) The drug is administered by intermittent infusion (each episode of infusion lasting less than 8 hours) which does not require the patient to return to the physician’s office prior to the beginning of each infusion.
5) Systemic toxicity or adverse effect of the drug is unavoidable without infusing it at a strictly controlled rate as indicated in the Physicians Desk Reference, American Medical Association’s Drug Evaluations or the U.S. Pharmacopoeia Drug Information.