

DRAFT - REIMBURSEMENT FACT SHEET FOR AIRS MOISTURE EXCHANGE NASAL CANNULA

| HCPCS Level II Code | HCPCS Level II Description | Net Average CMS Reimbursement (January 2018) |
|---|---|--|
| Current Nasal Cannula & Tubing Codes | | |
| A4615 | Cannula, nasal | \$0.70 - \$0.82 |
| A4616 | Tubing (oxygen) | \$0.06 - \$0.07 per foot |
| AIRS Moisture Exchange Nasal Cannula - Miscellaneous DME Supply Codes* | | |
| A9900 | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code | Carrier Priced |
| A9999 | Miscellaneous DME supply or accessory, not otherwise specified | Carrier Priced |
| E1399 | Durable medical equipment, miscellaneous | Carrier Priced |

*Billing a Miscellaneous DME Supply Code. Medicare and commercial claims with miscellaneous codes are generally manually reviewed by claims contractors. The supplier must provide a clear description of the billed item, pricing information and documentation to explain why the item is needed by the beneficiary. Before using a miscellaneous code on a claim form, a supplier should check-in with the entity that will receive the claim to determine whether there is a specific code that should be used rather than a miscellaneous code for the AIRS Moisture Exchange Nasal Cannula.

Billing for Certain Customized Items using E1399. Due to their unique nature (such as custom fabrication, etc.), certain customized DME cannot be grouped together for profiling purposes. Claims for customized items that do not have specific HCPCS codes are coded as E1399 (miscellaneous DME). This includes circumstances where an item that has a HCPCS code is modified to the extent that neither the original terminology nor the terminology of another HCPCS code accurately describes the modified item. Suppliers and providers other than HHAs bill the A/B MAC (B) or DME MAC. HHAs bill their A/B MAC (HHH), using revenue code 0292 along with the HCPCS. (Source: Medicare Claims Processing Manual – DMEPOS, Chapter 20, Paragraph 130.4 - Billing for Certain Customized Items)

Advance Beneficiary Notice of Noncoverage (ABN) for Medicare Patients. Suppliers must give written notice to a Fee-for-Service (FFS) Medicare patient before furnishing items or equipment that are usually covered by Medicare but are not expected to be paid in a specific instance, for certain reasons, such as lack of medical necessity. For more information about the ABN, [Form CMS-R-131](#), and additional requirements DME suppliers must meet for issuance of an ABN, refer to [Chapter 30, Section 50, of the Medicare Claims Processing Manual](#). (Source: MLN Booklet, ICN 908804, October 2017)

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