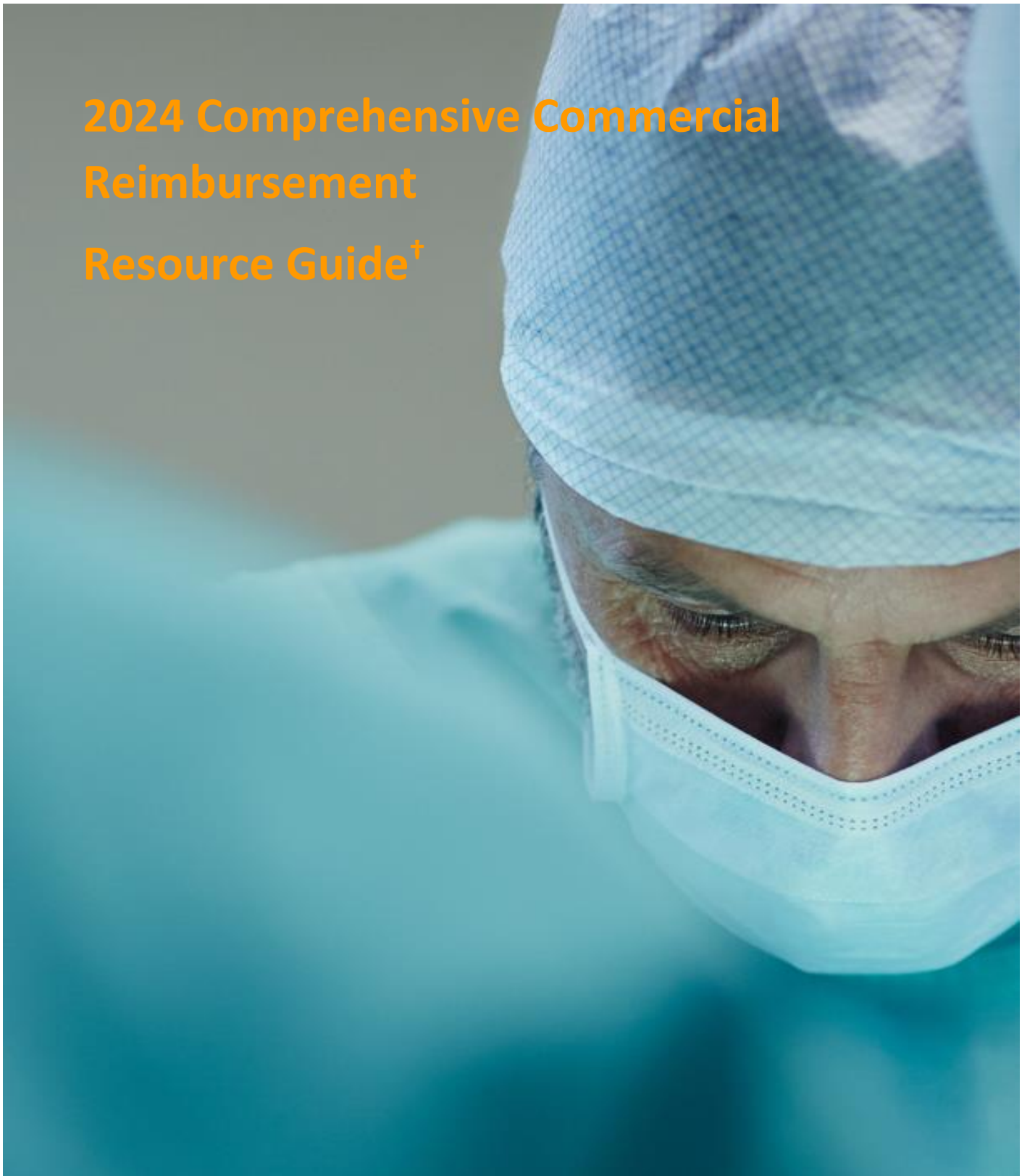
AVANOS | ambIT® AMBULATORY INFUSION THERAPY

2024 Comprehensive Commercial Reimbursement Resource Guide†



Contents

For Reimbursement Questions Contact:

Kathy Muir, RN, BSN, MHSA

Senior Manager, Health Economics & Reimbursement

810-434-5964

Kathy.Muir@avanos.com

ambIT* Ambulatory Infusion Pumps

Indications for Use[1]:

- The ambIT™ Infusion Pump is intended for continuous volumetric delivery of intravenous medicines and/or fluids into patients at a consistent volume for prescriptive treatment by a physician (FDA 501(k) K033325).

- The ambIT® "PreSet" Ambulatory Infusion Pump is intended for use by surgeons and anesthesiologist for the perioperative and post operative infusion of local anesthetics and narcotics for pain management and regional anesthesia.

  Routes of administration include intravenous, subcutaneous, intramuscular, perineural and epidural.

  The ambIT® "PreSet" Ambulatory infusion pump is also intended to significantly decrease narcotic use and pain when used to deliver local anesthetics to surgical wound sites or close proximity to nerves when compared with narcotic only pain management. (FDA 510(k) K052221)

- The ambIT PCA*PIB Pump is used to infuse medicines and/or fluids into patients primarily for pain management.

  The routes of administration are generally intravenous, epidural and/or regional.

  The ambIT PCA*PIB Pump is not intended to supersede, augment, or replace any other medical device or drug indications for use or intended uses.

  The ambIT PCA*PIB Pump is intended to be used in the home and in healthcare facilities. (510(k) K162165)

[1]U.S. Food & Drug Administration, 501(k) Premarket Notification. https://www.accessdata.fda.gov. Accessed 01/02/2024.

FACILITIES AND PROFESSIONAL PROVIDERS:

For facilities and professional providers, placement of a pain pump catheter(s) may or may not be eligible for separate reimbursement, regardless of the procedure code used to identify the service. Depending on individual payer medical policies, payment for the work involved in placing the catheter may be included in the allowance for the definitive and/or primary surgical procedure code(s) such as total knee replacement, or rotator cuff repair.

Services typically integral to a primary procedure include (not limited to):

- Insertion/removal of drains, suction devices, and pumps into the same site[1]
- Topical/regional anesthetic administered by the physician performing the primary procedure[2,3]
- Application/management/removal of anesthetic devices[6]
- Management of postoperative pain by the physician performing the primary procedure is included in the global period[4]

Per ***Medicare***, disposable drug systems are considered surgical supplies for the definitive or primary surgical procedure code(s) and are not eligible for separate reimbursement for providers or facilities.

Commercial payer guidelines may also consider disposable drug systems as surgical supplies for the definitive/primary surgical procedure code(s) which may or may not be eligible for separate reimbursement for providers or facilities.

[1] CMS. National Correct Coding Initiative Policy Manual. Chapter 1 General Correct Coding Policies, §B, "Coding Based on Standards of Medical/Surgical Practice", pages I-3 – I-5.
[2] CMS. National Correct Coding Initiative Policy Manual. Chapter 4 Surgery: Musculoskeletal System, § H.19, "General Policy Statements", p IV-12
[3] CMS. National Correct Coding Initiative Policy Manual. Chapter 4 Surgery: Musculoskeletal System, § C, "Anesthesia"
[4] CMS. National Correct Coding Initiative Policy Manual. Chapter 3 Integumentary System, § C.

DEVICE CODES:

Level II HCPCS codes are used by facilities to report supplies used in conjunction with procedures performed. Level II HCPCS is a standardized coding system that is used primarily to identify products, supplies and services not included in the CPT-4 codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside the physician's office.

It is important to follow individual payer guidelines for reporting and coding supplies used in conjunction with procedures performed in order for proper tracking of utilization, cost reporting, and for billing and payment when appropriate. Use of HCPCS Level II codes for private payers is subject to payer guidelines for coding, coverage, and payment.

HCPCS[1] CODE OPTIONS	
ambIT	**Product Code Options**
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater
A4221	Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code

[1]2024 HCPCS Quarterly Update, https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update Accessed 01/02/2024.

PROCEDURE CODES:

Commercial payer policies, billing and coding guidelines and reimbursement may differ. Please check with your payer(s) for specific details. In cases where placement of a pain pump catheter(s) is the primary procedure or per policy, the following coding options may apply:

CPT© CODE & DESCRIPTION[2]	
Continuous Peripheral Nerve Blocks	
64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed
64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed
64449	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed
Continuous Infusion TAP Blocks	
64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)
64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)
Continuous Infusion Paravertebral Blocks	
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)
TAP Blocks: Injections	
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)
64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injection(s) (includes imaging guidance, when performed)

PROCEDURE CODES:

Paravertebral Blocks: Injections	
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)
Other Nerve Injections	
64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separate in addition to code for primary procedure)
64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64999	Unlisted procedure, nervous system
Ultrasound Guidance	
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation

[†]Information provided is derived from a variety of public sources as of January 2024 and is intended for general purposes only. It does not constitute reimbursement or legal advice. It is not intended to increase or maximize reimbursement by a payer. Avanos encourages providers to submit accurate and appropriate claims for payment. It is always the provider's responsibility to determine medical necessity, the proper delivery of any services and to submit appropriate codes, charges and modifies for services rendered. Avanos recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Payer policies vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements.