



Alaska Medicaid Service Authorization and Billing Guidance E1399 myAIRVO Humidification System

POLICY:

The myAIRVO is a humidified high flow therapy system with integrated flow generator. This device does not have a federally assigned HCPC and is typically not covered by insurance. Alaska Medicaid will consider reimbursing this device under E1399 and issuing a service authorization for individuals meeting certain criteria (see Alaska Medicaid myAIRVO Criteria Guidance). This policy is specific to requirements for requesting service authorizations and claim submission.

SERVICE AUTHORIZATION REQUIREMENTS:

Once a supplier has verified a recipient meets criteria guidance for the myAIRVO, the supplier must submit a service authorization request, including submission of all necessary documentation, using one of the following descriptions:

myAIRVO – if requesting up to 10 months rental (considered patient owned after 10 months)

myAIRVO w/ Supplies* w/out Oxygen – if requesting up to 10 months rental and necessary monthly supplies such as nasal cannulas, filters, and wiggle pads

myAIRVO w/ Supplies* w/Oxygen – if requesting up to 10 months rental, necessary monthly supplies, and the individual has been identified as also receiving supplemental oxygen

myAIRVO Supplies* w/out Oxygen – if requesting monthly supplies for a patient owned device

myAIRVO Supplies* w/Oxygen – if requesting monthly supplies for a patient owned device and the individual has been identified as also receiving supplemental oxygen.

Incomplete requests, including those not specifically indicating one of the options above will be returned to the provider or denied.

*Supplies include, but are not limited to cannulas, face masks, filters, tubing, chambers, and wiggle pads. Supply quantities to be dispensed are based on the needs of each specific individual. Rates are all inclusive, regardless of how many or how few supplies are needed by each individual.

CLAIMS:

When submitting claims, the same description used for the service authorization must be used for the claim line for E1399. Claims without specific descriptions matching the service authorization will be denied.

ADDITIONAL:

Suppliers with service authorizations for E1399 myAIRVO and/or supplies issued on/before 9/15/2021 may request amendments to those SAs. Service authorizations can be retroactive to 9/1/2021. Contact Karen Benson at karen.benson@alaska.gov or Tracy Stephens at Tracy.stephens@alaska.gov for specific instructions.