

Medical Policy



Ventilators

Description

A volume or pressure support ventilator is used for mechanically assisted breathing using an electrically powered device that forces oxygenated or room air into the lungs and then allows time for passive exhalation.

A multifunction ventilator is one that functions as a ventilator but also incorporates additional functionality of suction, oxygen concentrator, cough stimulation, nebulizer, and includes all accessories, components and supplies for all functions (HCPCS E0467).

Policy

Volume or pressure support ventilators are **medically necessary** for Members requiring invasive or noninvasive breathing assistance by an external mechanical device.

Policy Guidelines

- Family members must be adequately trained, with documentation of competency of the skills as determined by a return demonstration, prior to caring for the member in the home.
- Alarms and ventilator settings should be monitored to ensure member safety.
- Family/member should have access to a trained professional in respiratory care and ventilator management for technical and clinical support 24 hours a day.

Coverage Criteria:

1. Must be ordered by the Member's treating physician.

A second invasive or non-invasive ventilator may be considered reasonable and necessary if it is required to serve a different purpose as determined by the member's medical needs. Examples (not all-inclusive) of situations in which multiple ventilators may be considered reasonable and necessary are:

1. An individual requires one type of ventilator (e.g., a negative pressure ventilator with a chest shell) for part of the day and needs a different type of ventilator (e.g., positive pressure ventilator with a nasal mask) during the rest of the day.
2. An individual who is confined to a wheelchair requires a ventilator mounted on the wheelchair for use during the day and needs another ventilator of the same type for use while in bed. Without both pieces of equipment, the individual may

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be prone to certain medical complications, may not be able to achieve certain appropriate medical outcomes, or may not be able to use the medical equipment effectively.

NEW ventilator members requiring the multi-function ventilator must be prescribed the E0467 and meet the medical necessity coverage criteria for a ventilator and at least one of the four additional functions (oxygen concentrator, cough stimulator, suction pump and nebulizer). Note: The member may not utilize separate stand-alone devices when an authorization is issued for the E0467.

The following oxygen and oxygen equipment HCPCS codes for individual items are included in the functionality of code E0467:

- HCPCS codes E0424, E0431, E0433, E0434, E0439, E0441, E0442, E0443, E0444, E0447, E1390, E1391, E1392, E1405, E1406 and K0738

Claims for any of the HCPCS codes listed above that are submitted on the same claim or that overlap any date(s) of service for E0467 is considered to be unbundling.

In addition, any claim for repair (HCPCS code K0739 for labor and any HCPCS code for replacement items) of beneficiary-owned equipment identified by HCPCS codes listed above is considered as unbundling if the date(s) of service for the repair overlaps any date(s) of service for code E0467.

Claims for code E0467 with a date(s) of service that overlaps date(s) of service for any of the following scenarios are considered as a claim for same or similar equipment when the beneficiary:

- Is currently in a rental month for any of the items listed above
- Owns any of the equipment listed above that has not reached the end of its reasonable useful lifetime.
- Has oxygen equipment that reached the 36-month rental but has not reached the end of its reasonable useful lifetime.

CURRENT ventilator users that meet one of the equipment rental schedules below are eligible for the multi-function ventilator:

- Ventilator users that have used cough, suction, and nebulizer for less than 13 months.
- Ventilator users that have used oxygen therapy for less than 36 months.

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- Ventilator users that own one of the rental items (or reached the 36-month cap for oxygen) but have exceeded the reasonable useful life of 5 years and are eligible for a new device.

Limitations:

1. Supplies used in conjunction with the ventilator (e.g., breathing circuits, A4618) are included in the monthly rental and are not separately payable.
2. Supplies are separately payable if the ventilator and the individual accessories are Member owned and medically necessary.
3. Repair of a Member owned ventilator is limited to restoration of a serviceable condition which is not the result from misuse, non-intentional or intentional.
4. The separate stand-alone rental devices and accessories that are integrated into the multi-function ventilator or which represent similar equipment used for the same purpose must be denied if billed in conjunction with the new multi-function ventilator.

HCPCS Level II Codes and Description

E0465	Home ventilator, any type, used with invasive interface (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with noninvasive interface (e.g., mask, chest shell)
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions.

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

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The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

References

1. The Department of Vermont Health Access Medical Policy: Ventilators and accessories for home use <http://dvha.vermont.gov/for-providers/ventilator-guideline-09-14-11.pdf> Accessed November 17, 2017.
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3. *Respiratory Care*, 40(12). Retrieved April 29, 2011, from: <http://www.rcjournal.com/cpgs/dprpcpg.html>
4. Nasotracheal suctioning. AARC Clinical Practice Guidelines. (2004). *Respiratory Care*, 49(9). Retrieved April 29, 2011, from: <http://www.rcjournal.com/cpgs/pdf/09.04.1080.pdf>
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6. DMERC Region A - Supplier Notice 99-06
7. DMERC Region B Supplier Bulletin 97-03
8. PDAC /Articles and Publications (/palmetto/PDAC.nsf/TArticles and Publications 01/2019

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9. Venteclife.com/page/multifunction-ventilator-hcpcsE0467- Article.August 14, 2019

10. [Hpps://resleepworld.com/2018/11/30cms-establishes-new-reimbursement-code-for-multi-function-ventilator/](https://resleepworld.com/2018/11/30cms-establishes-new-reimbursement-code-for-multi-function-ventilator/)

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008	
02	12-22-09	Annual Review- no changes	Susan Glomb	Ken Fasse	Dec.2009	
03	12-08-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
05	12-08-11	Annual Review. Added language regarding second ventilator criteria. Added References to Policy	Susan Glomb	Dr. B. Almasri	Dec. 2011	
06	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
07	11-30-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
08	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
09	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		

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10	11-25-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015	
11	11-18-16	Annual Review. Updated HCPCS codes.	Lisa Wojno	Dr. B. Almasri	November 2016	
12	11-17-17	Annual review. Updated policy to reflect caregiver training and member/caregiver access to tech/clinical support 24 hour a day.	Carol Dimech	Dr. C. Lerchin	November 2017	
13	11-19-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
14	9-24-19	Policy updated to reflect addition of HCPCS Code E0467 Multi-function ventilator.	Susan Glomb	Dr. C. Lerchin	September 2019	
15	11-14-19	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019