

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.

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 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.

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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.

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)

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.

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.

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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.
2. Discharge planning for the respiratory care patient. AARC Clinical Practice Guidelines. (1995).
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>
5. Wyka, K.A. (2008). High-tech respiratory home care. *Respiratory Home Care*, July/August. Retrieved April 29, 2011, from: <http://www.foocus.com/pdfs/Articles/JulAug08/Wyka.pdf>
6. DMERC Region A - Supplier Notice 99-06
7. DMERC Region B Supplier Bulletin 97-03

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:
A	11-20-06	Initial Release	Rosanne Brugnani	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

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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	11-30-12	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
07	12-18-13	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	
08	12-2-14	Annual Review. No Changes.	Susan Glomb	Dr. B. Almasri	
09	11-25-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015
10	11-18-16	Annual Review. Updated HCPCS codes.	Lisa Wojno	Dr. B. Almasri	November 2016
11	11-17-17	Annual review. Updated policy to reflect caregiver training and member/caregiver access to tech/clinical support 24 hours a day.	Carol Dimech	Dr. C. Lerchin	November 2017
12	11-19-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018