Ventilators

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not meeting coverage guidelines.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

Ventilators will require precertification and a physician face-to-face.

National Coverage Determination Policy	Centers for Medicare & Medicaid Services (CMS). National Coverage Determinations Manual (Internet –Only Manual 100-03) Chapter 1, Part 4, section 280.1.
Local Coverage Determination Policy	None
Effective Date	For services performed on or after 10/01/13
Revision/Review Date	01/01/19, 11/18, 6/8/18, 07/01/17, 07/01/16, 01/16/16, 01/01/15
The Health Plan	Will follow Medicare’s National Coverage Determination listed above across all lines of business unless otherwise indicated in sections of this policy, contractual agreement, or benefit document.

DESCRIPTION

Mechanical ventilation can be defined as the technique through which gas is moved toward and from the lungs through an external device connected directly to the patient. The clinical objectives of mechanical ventilation can be highly diverse: To maintain gas exchange, to reduce or substitute respiratory effort, to diminish the consumption of systemic and/or myocardiac O_2, to obtain lung expansion, to allow sedation, anesthesia and muscle relaxation, and to stabilize the thoracic wall, etc. Ventilation can be carried out by negative extrathoracic pressure or intermittent positive pressure. According to the cycling mechanism, positive-pressure ventilators are classified as pressure-cycled, flow-

cycled, or mixed, and according to the type of flow in continuous-flow ventilators, as intermittent flow or constant basic flow…..(1)

COVERAGE GUIDELINES

Ventilators are covered for treatment of neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease, requiring treatment with a life support ventilator. Ventilators are covered when the severity of the symptoms are such, that there is a requirement for continuous ventilation support and a disruption in that support would quickly result in a life threatening situation or death.

Coverage includes both positive and negative pressure types. (See §240.5 of the NCD Manual.)

Patients may qualify for both a primary ventilator and a secondary ventilator in certain situations where it is required to serve a different purpose that is determined by the patient's medical needs.

For example:

- A patient requires one type of ventilator (e.g., a negative pressure ventilator with a chest shell) for one part of the day and needs a different type of ventilator (e.g., positive pressure ventilator with a nasal mask) during other parts of the day.
- A patient who is confined to a wheelchair requires a ventilator mounted on the wheelchair for use during the day and requires a stationary ventilator of the same type for use while in bed. Without two pieces of equipment the patient 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.

NONCOVERAGE STATEMENT

There will not be separate payment when a second ventilator is placed and use is primarily as a backup device.

Chest shells and chest wraps are not covered. HCPCS code E0457 and E0459, as negative ventilation requirement is met with HCPCS code E0460.

Ventilators for the purpose of providing CPAP or BIPAP alone are not covered.

A ventilator is not covered for any of the conditions (symptoms/clinical presentations) described in the positive airway pressure devices or respiratory assist devices policies as those are conditions that require intermittent and relatively short durations of respiratory support and can be achieved with devices other than a ventilator. According to CMS's National Coverage Analysis Decision Memo (CAG-00052N) in June 2001 "RAD is distinguished from ventilation in a patient for whom interruption or failure of respiratory support leads to death." Bi-level PAP devices (E0470, E0471) are considered medically appropriate in those clinical scenarios.

Requests for ventilators (E0465, E0466) used for the treatment of conditions described in the Respiratory Assist Device policy or Positive Airway Pressure Device policy are not covered.

HCPCS CODES A4611-A4613 heavy-duty battery, battery cables and battery charger for member owned ventilator.

The home ventilator coded E0467 is not on WV Medicaid fee schedule or internet manual, therefore at this time will not be covered.

Backup ventilators outside of the need for a secondary ventilator described above, are not separately reimbursed.

REPLACEMENT, REPAIR, AND REASONABLE USEFUL LIFETIME

Additional payment is not made for repair, maintenance, or replacement of equipment that requires frequent and substantial service. It is the supplier's responsibility to ensure there is an emergency plan in place to address mechanical failure of the equipment.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYOR POLICY, IND CASE
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE OR NECESSARY
KX	REQUIREMENTS SPECIFIED IN MEDICAL POLICY HAVE BEEN MET

ICD-10 codes covered if selection criteria are met: not all inclusive

J96.10-J96.12	CHRONIC RESPIRATORY FAILURE

HCPCS CODES COVERED IF COVERAGE CRITERIA MET

E0465	HOME VENTILATOR,ANY TYPE, USED WITH INVASIVE INTERFACE (I.E. TRACHEOSTOMT TUBE)
E0466	HOME VENTILATOR,ANY TYPE,USED WITH NON-INVASIVE INTERFACE (I.E. 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

ACCESSORIES: COVERED IF VENTILATOR COVERED

A4618	BREATHING CIRCUITS

HCPCS CODES NOT COVERED

A4611	BATTERY, HEAVY DUTY, REPLACEMENT FOR PATIENT OWNED VENTILATOR
A4612	BATTERY CABLES FOR REPLACEMENT FOR PATIENT OWNED VENTILATOR
A4613	BATTERY CHARGER REPLACEMENT,FOR PATIENT OWNED VENTILATOR
E0457	CHEST SHELL (CURIPASS)
E0459	CHEST WRAP

There are no diagnoses or ICD-10 codes that indicate medical necessity for the above HCPCS codes.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
   a. Member’s name
   b. Date
   c. Description of item. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required. Clinical documentation of the medical condition and surgical procedure performed, if any
   d. Order must include diagnosis code
   e. Physician signature - with date. Date stamps are not appropriate
   f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used. If no precertification was required as within allowable quantities, the provider is to submit this information with the claim

2. There must be documentation in the supplier’s records to support the medical necessity of that item. This information must be available upon request usually with precertification per The Health Plan policy.

3. Proof of delivery to be kept on file by the provider of the item.

Note: If templates or forms are submitted, (e.g. A Medicare Certificate of Medical Necessity, and /or a provider created form), The Health Plan reserves the right to request the medical record that may include, but not limited to, the physician office notes, hospital and nursing facility records, home health records.

VENTILATORS PROVIDED WHILE A MEMBER IN A PART A COVERED STAY

Reimbursement for ventilators and accessories that are provided while the member is covered in a Part A facility is based on specific contract information with the individual facility. Ventilators are usually included in the reimbursement for Part A facilities and not separately billable to member as DME.

EQUIPMENT RETAINED FROM A PRIOR PAYOR:

The Health Plan will not pay in excess of the contracted purchase price for any item in this policy. If the provider is seeking payment from The Health Plan, the item must be precerted and The Health Plan will pay the remaining rental months up to purchase price- if member meets guidelines above. Ventilators are billed as a continuous rental.

BILLING GUIDELINES

When billing, a home ventilator with multi -function respiratory device, E0467- there will be no additional payment for the following equipment and accessories: Oxygen, nebulizer, and cough stimulation devices.

As of 11/01/15 see coding changes for ventilators- codes E0450, E0460, E0461, E0463, E0464 have been discontinued

Ventilators are categorized by Medicare as items requiring *frequent and substantial servicing*. For items that are determined to require *frequent and substantial service*, rental payments *include* payment for supplies and accessories unless specifically otherwise noted. Humidifiers are considered accessories when used in conjunction with ventilators, and cannot be billed separately.

All maintenance, repairs and replacements are included in the monthly rental.

As a reminder, Medicare does not pay separately for back-up equipment but Medicare will make a separate payment for a second piece of equipment if it is required to serve a different purpose that is determined by the patient's medical needs. See coverage guidelines for secondary ventilator.

Correct Coding Instructions – Porta-Lung® Negative Pressure Ventilator

Providers should review the following for the appropriate coding guidelines when billing the Porta-Lung® negative pressure ventilator. The following Healthcare Common Procedure Coding System (HCPCS) code that was assigned to this product by the Centers for Medicare & Medicaid Services (CMS) Alpha Numeric Work Group effective January 1, 1990, must be used.

E0460 Negative Pressure Ventilator; Portable or Stationary

This is the only code that is used to describe the Porta-Lung® negative pressure ventilator. Use of any other code(s), including the miscellaneous code E1399, is incorrect.

https://www4.palmettogba.com/pdac_dmecs/

Ventilators must not be billed with CPAP or bi-level PAP codes (E0601, E0470-72).

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item are met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or Advanced Beneficiary Notification (ABN) to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Please refer to PDAC website for the appropriate product classification list. dmepdac.com/

All current DME products coded by the PDAC contractor are found on the PDAC website on Durable Medical Equipment Coding System (DMECS), https://www.dmepdac.com/

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INTERNET LINKS AND SOURCES

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West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 11/5/18. Retrieved from dhhr.wv.gov/bms/Pages/default.aspx

Face-to-Face Examination and Prescription Requirements Prior to the Delivery of Certain DME Items Specified in the Affordable Care Act DME MAC Joint Publication. Posted February 20, 2014. Last accessed 11/5/18. Retrieved from medicarenhic.com/viewdoc.aspx?id=2580

Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Coverage Issues Manual, Section 60-9; Medicare Home Health Agency Manual, Section 463

For more information regarding ventilators, please reference the CMS, IOM, Publication 100-03 Medicare National Coverage Determinations Manual, Chapter 1, Part 4 §280.1 Durable Medical Equipment Reference List

http://www.cgsmedicare.com/jc/education/pdf/rad.pdf

CMS's National Coverage Analysis Decision Memo (CAG-00052N) in June 2001

Correct coding -2019 HCPCS code Annual Update. Noridian Healthcare Solutions. Last accessed December 2018. Retrieved from: https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/2018/correct-coding-2019-hcpcs-code-annual-update.

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