The Department of Vermont Health Access Medical Policy

Subject: Humidifier
Last Review: June 6, 2016
Revision 4: October 2, 2014
Revision 3: October 4, 2013
Revision 2: September 12, 2012
Revision 1: August 1, 2011
Original Effective: 2004

Description of Service or Procedure

A humidifier, for this policy, is durable medical equipment which provides extensive supplemental humidification that is prescribed for use with intermittent positive pressure breathing (IPPB) treatments, oxygen delivery, or use with positive pressure devices (e.g. CPAP/BiPAP/Ventilator). Humidifiers can provide heated or non-heated humidification. A humidifier in itself is not used to deliver a combination of air and medication.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary’s aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

7102.2 Prior Authorization Determination
7103 Medical Necessity

Medicaid Rules can be found at http://humanservices.vermont.gov/on-line-rules

Coverage Position

A humidifier may be covered for beneficiaries:

• When the humidifier is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act, who is knowledgeable in the use of humidifiers and who provides medical care to the beneficiary AND
• When the clinical guidelines below are met.
Coverage Criteria

A humidifier may be covered for beneficiaries who:

- Is using a CPAP or BiPAP device under the guidelines for that device and under the orders of a physician and has been determined by that treating physician to require humidification to prevent/minimize common oral/nasal symptoms such as nasal congestion or dry nose or throat OR
- Is using oxygen under the orders of a physician, with a flow greater than 4L/min. OR
- Is using another respiratory device, such as an IPPB or ventilator, under the orders of a physician.

Please note: Since there are different types of humidifiers that are used for different purposes, depending on the type of equipment, a beneficiary may require more than one type of humidifier

Clinical guidelines for repeat service or procedure

Repeat service or procedure is limited to the guidelines as noted above. Equipment replacement is limited to loss, the need for repair of the device (if more than 50% of the price of a new device) or warranty limitations.

Type of service or procedure covered

A humidifier which is deemed durable medical equipment which provides extensive supplemental humidification that is prescribed for use with intermittent positive pressure breathing (IPPB) treatments, oxygen delivery, or use with positive pressure devices (e.g. CPAP/BiPAP/Ventilator) and meets the coverage guideline noted above. Humidifiers can provide heated or non-heated humidification.

Type of service or procedure not covered (this list may not be all inclusive)

Humidifiers that are used strictly for medication administration or for environmental control/enhancing the environment (e.g. central or room humidifiers), are not a covered service.

References


This document has been classified as public information.