

## **The Department of Vermont Health Access Clinical Criteria**

**Subject:** Mechanical Ventilation for In-Home Use

**Last Review:** March 26, 2021\*

**Past Revisions:** September 25, 2019, April 4, 2017, April 25, 2016, February 20, 2015, June 11, 2013, September 14, 2011, 2004

**\*Please note: Most current content changes will be highlighted in yellow.**

### **Description of Service or Procedure**

A ventilator is a device which moves air in and out of the lungs for an individual who requires mechanical assistance to breathe.

- Invasive ventilation: ventilator generated breathing through an artificial airway positioned in the trachea.
- Noninvasive ventilation: ventilator generated breathing through the upper respiratory tract via mask or mouthpiece.
- Negative pressure ventilator: noninvasive device which moves air in and out of the lungs by creating negative pressure around the chest. This creates a vacuum, via a chest shell, body tank, or body jacket.
- Positive pressure ventilator: invasive or noninvasive device that delivers positive pressure gas flow (air or oxygen) to the lungs to a preset volume. Some individuals who can be ventilator-independent for part of the day may use positive pressure ventilation to assist nighttime breathing.
- Indications for invasive and non-invasive positive pressure ventilation using a home ventilator include but are not limited to:
  - Members with diagnosis of COPD
  - Thoracic restrictive disease
  - Neuromuscular disease
  - Obesity hypoventilation syndrome
  - Other respiratory diseases - diffuse parenchymal lung disease and/or bronchiectasis, hypoxia and or hypercapnia



## **Disclaimer**

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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**

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Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.209 Durable Medical Equipment

## **Coverage Position**

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A ventilator and accessories for home use may be covered for beneficiaries:

- When a ventilator and accessories are 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 ventilators and who provides medical care to the beneficiary, AND
- When the clinical criteria below are met.

## **Coverage Criteria**

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**This is a rented item only and the vendor/manufacturer maintains sole responsibility for the proper function and maintenance of the equipment.**

This device may be covered for beneficiaries who require mechanical assist to breathe, and:

- Have had a full evaluation to determine the need for a ventilator and the most appropriate type of ventilator, with a physician who is skilled in respiratory assisted ventilation and/or pulmonology medicine **AND**
- Have been evaluated for strategies to minimize ventilator use (weaning or partial weaning from the ventilator) including breathing techniques and diaphragmatic pacer devices.
- Agencies providing staff to care for members on a home ventilator must have policies and procedures in place. Staff must be adequately trained with documentation of performance and skills prior to providing care.
- Agency caregivers should be provided educational opportunities to remain abreast of current practice and technology.
- 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.
- Regular maintenance of home ventilators and all associated equipment is completed as outlined by the manufacturer.
- Care should be taken to assure that the actual ventilator settings as seen on the control panel match the prescribed settings.
- DME respiratory clinicians should visit patients at least monthly or per company policy.

**In alignment with Medicare,** Vermont Medicaid does not cover backup equipment. Claims for backup equipment will be denied for lack of medical necessity (Medicaid HCAR Rule 4.101). Backup equipment must be distinguished from multiple medically necessary items which are defined as, identical or similar devices each of which meets a different medical need for the beneficiary. Medicaid will make a separate payment for a second piece of equipment if it is determined to be medically necessary AND will serve a separate medical purpose that is determined by the beneficiary's medical needs. The following are examples of situations in which a beneficiary would qualify for both a primary ventilator and a secondary ventilator:

- A beneficiary 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.
- A beneficiary 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 two pieces of equipment, the beneficiary may be prone to certain medical complications, may be unable to achieve certain appropriate medical outcomes, or may be unable to use the medical equipment effectively.
- Prior Authorization is required.
- An additional or duplicate home ventilator device (HCPCS E0465-E0466) is considered NOT medically necessary as a backup device (similar device as the individual's primary ventilator, for multiple residences or to have in case of possible malfunction).

***Please note:*** In accordance with Medicare, it is expected that the DME supplier have an acceptable contingency plan in place to address emergency situations or equipment failure that would be life threatening. This plan should involve input from the treating physician and would take into account the severity of the member's condition and proximity for access to services, including emergency services. The member's Durable Medical Equipment (DME) provider is responsible for ensuring that the member's medical needs will be met on a continuous and ongoing basis.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exception: Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.



## **Clinical criteria for repeat service or procedure**

Repeat service is limited to the guidelines above.

## **Type of service or procedure covered**

Ventilator and related supplies and services. Mechanical ventilators are always rented. Providers may bill for supplies up to the DVHA quantity limit during the rental period for certain supplies. Please refer to the DME Provider Manual Section 2.2 Rental/Loaned found at <http://vtmedicaid.com/assets/manuals/DMESupplement.pdf> for the list of supplies that may be billed up to the DVHA quantity limit during a rental period.

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

Multi-Function/Multi-Use Ventilators (VOCSN) (E0467): 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.

- The use of a multi-function/multi-use ventilator is considered *investigational*. There is insufficient published evidence to assess the safety and/or impact on health outcomes or patient management of its use in patients requiring ventilator support.

A home ventilator device (HCPCS E0465-E046) is considered NOT medically necessary for any of the following:

- A non-life-threatening condition
- When the sole purpose of the home ventilator is to function as a respiratory assistance device (RAD) including continuous positive airway pressure (CPAP), auto-titrating PAP (APAP), bilevel positive airway pressure (BPAP, BiPAP) or adaptive servo-ventilation (ASV)
- Treatment for obstructive sleep apnea

## **References**

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