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Lines Of Business Self-Funded  
Area Medical Policy

## Home Ventilators

### PURPOSE:

This policy discusses the medical necessity criteria for ventilators used in the home setting. This policy does not discuss the use of ventilators in the hospital and facility setting.

### PROCEDURE DESCRIPTION:

Positive pressure ventilation: A form of respiratory therapy that involves the delivery of air or a mixture of oxygen combined with other gases by positive pressure into the lungs. As gas enters the lungs, the interalveolar pressure increases until a change in flow or pressure are detected by the machine delivering the mixture, or the set volume of gas was delivered to signal the end of a breath. Expiration of air happens passively secondary to the build-up of pressure in the alveoli that escapes into the less pressurized conductive airways. In the home setting this takes place using different types of devices:

- Non-invasive interface ventilator (NIV): This device uses a mask over the mouth and/or nose, and uses both a inspiratory positive airway pressure (iPAP), and a separate expiratory positive airway pressure (ePAP) to assist with breathing. These devices also have alarms and monitoring capabilities, as well as volume and pressure controls (continuous mandatory ventilation (CMV), SIMV, etc.) that are not available on CPAP and BiPAP devices. NIV devices can also include chest and body ventilator devices.
- Invasive interface ventilator: In the home setting devices provide ventilation of the lung via a tracheostomy tube, and offer settings that are similar to ventilators seen in the ICU or long-term care facility such as oxygen levels, pressure, volume, and respiratory rate.
- Multi-function ventilator: This device can provide both non-invasive and invasive ventilation along with a mix of additional therapies that include oxygen concentrators, cough stimulation, suction, and nebulizer capabilities.

### PROCEDURE:

1. An invasive interface home ventilator may be considered medically necessary if an individual

- has any of the following conditions:
- a. A neuromuscular disease (e.g., myotrophic lateral sclerosis (ALS), multiple sclerosis (MS), Guillain-Barre syndrome, trauma, critical illness neuromyopathy, etc.); OR
  - b. A thoracic restrictive disease (e.g. idiopathic pulmonary fibrosis (IPF), sarcoidosis, interstitial lung disease due to systemic disorders, etc.); OR
  - c. Chronic respiratory failure related to chronic obstructive pulmonary disease (COPD); OR
  - d. Congenital central hypoventilation syndrome; OR
  - e. Chronic lung disease of infancy (e.g., bronchopulmonary dysplasia); OR
  - f. For individuals with obesity related hypoventilation syndrome who fail first-line therapies (PAP, CPAP, BiPAP, weight loss, and lifestyle modifications); OR
  - g. Restrictive disorder of the chest wall (e.g., congenital abnormalities trauma, ankylosing spondylitis, kyphosis, scoliosis, etc.).
2. A non-invasive interface home ventilator may be considered medically necessary when lack of ventilator support would result in a life-threatening condition AND meets one of the following criteria:
- a. The individual meets any of the above criteria for an invasive interface home ventilator; OR
  - b. The individual has failed to improved their hypercapnia and/or oxygen saturation levels with the use of bilevel airway pressure (BIPAP); OR
  - c. The individual does not require ventilation continuously.
3. A multi-function home ventilator may be considered medically necessary when BOTH of the following criteria are met:
- a. The individual meets any the above criteria for an invasive interface home ventilator; AND
  - b. The individual has a requirement for at least two of any of the following functions:
    1. Oxygen concentrator,
    2. Cough stimulator,
    3. Suction pump,
    4. Nebulizer.
4. An additional or duplicate device may be considered medically necessary when ALL of the following criteria are met:
- a. The individual meets the medical necessity criteria for the specified home ventilator; AND
  - b. The individual requires mechanical ventilation when mobile, and the primary ventilator is not suitable for use with a wheelchair; AND
  - c. The need for an additional ventilator is outlined in the individual's plan of care.
5. A home ventilator is considered NOT medically necessary in ANY of the following criteria are

met:

- a. An additional or duplicate home ventilator is used in ANY of the following situations:
  1. When used as a back-up device for the individual's primary ventilatory in case of possible device malfunction; OR
  2. When an individual has multiple residences; OR
- b. For use in a non-life-threatening condition; OR
- c. For the treatment of obstructive sleep apnea (OSA); OR
- d. When the only purpose of the home ventilator is to function as a respiratory assist device (RAD) including any of the following types of devices:
  1. Continuous positive airway pressure (CPAP),
  2. Auto-titrating positive airway pressure (APAP),
  3. Bilevel positive airway pressure (BPAP or BiPAP),
  4. Adaptive servo-ventilation (ASV),
  5. Average volume assured pressure support (AVAPS),
  6. Intelligent volume assured pressure support (iVAPS).

Note: Continued use of a home ventilator may require documentation of compliant usage in addition to meeting the initial medical necessity criteria.

1. Contraindications to home ventilator use include the following:
  1. The presence of a physiologically unstable medical condition that would require a higher level of care and/or resources than what is available in the home setting.
  2. The individual does not wish to receive home ventilation.
  3. Lack of an appropriate discharge plan.
  4. The patient's discharge team has deemed the physical environment to be unsafe.
  5. Inadequate resources for care in the home setting.

## CODING:

Procedure Codes:

HCPCS Code	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

# ADDITIONAL BILLING INFORMATION:

A ventilator (E0465, E0466, or E0467) is not eligible for reimbursement as such if the device is being used as a BiPAP (E0470, E0471) or CPAP (E0601) even though the device may have that capability. Using the ventilator HCPCS codes to bill for a BiPAP or CPAP is considered incorrect coding.

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## **POST-PAYMENT AUDIT STATEMENT:**

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

## **DISCLAIMER:**

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

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## **All Revision Dates**

2/23/2023