

**NOTE: This policy is not effective until November 1, 2019.**

Medicare Advantage Policy Manual

Policy ID: M-DME87

## ***Noninvasive Ventilators in the Home Setting***

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### **IMPORTANT REMINDER**

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.*

*The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.*

## **DESCRIPTION**

Ventilators, also known as respirators, are medical devices used to mechanically assist with a patients' breathing. Mechanical ventilation is often categorized by the interface used, such as a tracheostomy tube for invasive ventilation, or a mask for non-invasive ventilation. Non-invasive ventilation (NIV) assistance or non-invasive positive pressure ventilation (NPPV) uses a nasal mask, face mask, or mouthpiece, connected to a ventilator to provide ventilation support during sleep or intermittently throughout the day. This support rests the lung muscles, and improves breathing performance during the day. If use is at night only, this is referred to as nocturnal NPPV. If use is intermittent, this may be referred to as "Mouthpiece" or "Sip and Puff" ventilation. Supplemental oxygen may also be added to this type of system.

## **MEDICARE ADVANTAGE POLICY CRITERIA**

**Note:** This policy only addresses home ventilators with a *non-invasive* interface (HCPCS code E0466). It does not address the use of other types of home ventilators, including those with an *invasive* interface (HCPCS E0465) or a multi-function home ventilator (HCPCS E0467).

However, a multi-function home ventilator may not be eligible for coverage in some situations (e.g., if the member owns any of same or similar equipment included in the functionality of the ventilator system, member has reached the 36-month cap for oxygen, but not yet reached the end of the five year reasonable useful lifetime, [RUL], etc.).<sup>[1,2]</sup>

<b>CMS Coverage Manuals*</b>	None
<b>National Coverage Determinations (NCDs)*</b>	<p>General coverage for ventilators requested for <b><i>neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease:</i></b></p> <ul style="list-style-type: none"> <li>✓ Durable Medical Equipment Reference List (<a href="#">280.1</a>) <i>(See the entry specific to “ventilators” within this NCD)</i></li> </ul>
<b>Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*</b>	<p>For ventilators requested <b><i>to provide CPAP or bi-level PAP therapy:</i></b></p> <ul style="list-style-type: none"> <li>✓ Respiratory Assist Devices (<a href="#">L33800</a>) <i>(See the “Ventilator with Noninvasive Interfaces” section within this LCD)</i></li> </ul> <p>For requests of a <b><i>second ventilator:</i></b></p> <ul style="list-style-type: none"> <li>✓ Noridian web page for <a href="#">Correct Coding and Coverage of Ventilators - Revised April 2019</a> <i>(See the “Coverage of Second Ventilator” section within this web page)</i></li> </ul> <p>**Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.</p>

## POLICY GUIDELINES

### REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- All chart notes and medical records pertinent to the request (e.g., supporting documentation of neuromuscular disease, thoracic restrictive disease, and/or chronic respiratory failure consequent to COPD, documentation to explain why alternative devices such as positive airway pressure [PAP] devices will not meet the patient’s medical need, etc.).

## REGULATORY STATUS

The FDA has approved several portable home ventilators. Examples include, but are not limited to, the following:

- Trilogy™ (Philips Respironics)
- Newport® (Newport Medical Instruments)
- IVent (GE Healthcare)
- Puritan™ (Covidien)
- Porta-Lung® (Porta-Lung Inc.)
- LTV® (Carefusion)

## CROSS REFERENCES

[Oxygen Concentrators](#), Durable Medical Equipment, Policy No. M-22

## REFERENCES

1. Noridian LCA for *Respiratory Assist Devices - Policy Article* ([A52517](#))
2. Noridian web page for *Correct Coding and Coverage of Ventilators - Revised January 2019*; Last Updated 05/14/2019; Available at: <https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/2019/correct-coding-and-coverage-of-ventilators-revised-april-2019> [Last Cited 07/09/2019]
3. Noridian web page for *Correct Coding - Porta-Lung Negative Pressure Ventilator – Revised*; Last Updated 08/06/2018; Available at: <https://med.noridianmedicare.com/web/jddme/search-result/-/view/2230703/correct-coding-porta-lung-negative-pressure-ventilator-revised> [Last Cited 03/11/2019]

## CODING

**NOTE:** Home ventilator codes requiring prior authorization are listed on the “Medicare Pre-authorization List” web page. Home ventilators not listed on the pre-authorization website do not require prior approval. While there may be codes related to home ventilator systems that are not included in this medical policy, providers are always expected to follow Medicare’s medical necessity requirements when rendering treatment to beneficiaries.

Codes	Number	Description
CPT	None	
HCPCS	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)

**\*IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan’s web control as these sites are not maintained by the health plan.