



Noninvasive Ventilators in the Home Setting

Published: 04/01/2024

Next Review: 07/2024

Last Review: 03/2024

Medicare Link(s) Revised: 04/01/2024

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, including care that may be both medically reasonable and necessary.

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 Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. 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 a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). 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. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

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.).^[1,2]

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	<p>General coverage for ventilators requested for <i>neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease:</i></p> <ul style="list-style-type: none"> ✓ Durable Medical Equipment Reference List (280.1) <i>(See the entry specific to “ventilators” within this NCD – See also the LCD below for additional considerations.)</i>
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*	<p>For additional coverage guidance of ventilators, as well as for ventilators requested <i>to provide CPAP or bi-level PAP therapy:</i></p> <ul style="list-style-type: none"> ✓ Respiratory Assist Devices(L33800) <i>(See the “Ventilator with Noninvasive Interfaces” section within this LCD)</i>

The intent of the LCD is to enforce the requirement that only select individuals use ventilators when appropriate. The ventilator-related disease groups noted in the NCD overlap conditions described in the respiratory assist devices (RAD) LCD, which is used to determine coverage for bi-level PAP devices. Because presentation of the disease can vary from patient to patient, the treatment plan for any individual patient will vary as well. The decision to use a ventilator vs. a positive airway pressure (PAP) device is made based upon the specifics of each individual beneficiary's medical condition. In order to approve coverage for a ventilator over the PAP treatment option, there must be sufficient detailed information in the medical record to justify the ventilator treatment, including why alternative devices (like PAP devices) are insufficient to meet the patient's medical need.

For requests of a **second ventilator**:

- ✓ Noridian web page for [Correct Coding and Coverage of Ventilators - Revised July 2020 - JD DME - Noridian \(noridianmedicare.com\)](#) (See the “Coverage of Second Ventilator” section within this web page)

**Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.

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:

*For additional assistance regarding required documentation for ventilators, see the Noridian LCA for *Standard Documentation Requirements for All Claims Submitted to DME MACs* [A55426](#) and the [Clinician Checklist Ventilators](#)

- 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 PAP devices are insufficient to meet the patient’s medical need, etc.)
- Specific name of device

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

None

REFERENCES

1. Noridian LCA for *Respiratory Assist Devices - Policy Article* [A52517](#)
2. Noridian web page for *Correct Coding - Correct Coding and Coverage of Ventilators*; Last Updated 07/16/2020; Available at:
<https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/2020/correct-coding-and-coverage-of-ventilators-revised-july-2020> [Last Cited 07/24/2023]

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)
	E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions

***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.