

Back-up Ventilators

Policy Number: PG0183
Last Review: 05/01/2024

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.
- Durable Medical Equipment (DME) frequency limitations are calculated based on The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), and Local Coverage Determinations (LCD) rules and regulations.

SCOPE:

- Professional
- Facility

DESCRIPTION:

A ventilator is an automatic machine designed to mechanically move oxygenated air in and out of the lungs, to provide the mechanism of breathing for a patient who is physically unable to breathe or breathing insufficiently. The clinical objectives of mechanical ventilation can be highly diverse: To maintain gas exchange, to reduce or substitute respiratory effort, to diminish the consumption of systemic and/or myocardial O₂, to obtain lung expansion, to allow sedation, anesthesia, and muscle relaxation, and to stabilize the thoracic wall, etc. Ventilation can be carried out by negative extra thoracic pressure or intermittent positive pressure. According to the cycling mechanism, positive-pressure ventilators are classified as pressure-cycled, flow-cycled, or mixed, and according to the type of flow in continuous-flow ventilators, as intermittent flow, or constant basic flow.

A frequent area of concern is with the secondary ventilator. The term “back-up ventilator” really does not do justice to the frequent scenario of a portable system mounted to a wheelchair and a stationary setup at the bedside. The logistics of switching one ventilator from bedside to wheelchair is almost impossible on a daily basis, and therefore, two ventilators make most sense for such patients. While manufacturers’ failure rates for ventilators are low, ventilator malfunction or failures do occur, necessitating placement of back-up equipment for ventilators, suction equipment, and other critical medical devices in the home. Many patients truly need the additional equipment to foster mobility, independence, and safety.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- **Back-up ventilators, procedures E0465, E0466, E0467, and E0468, do not require prior authorization when the coverage criteria below are met.**
- **Modifier TW may be used with procedure codes, E0465, E0466, E0467 and E0468 to indicate 'back-up equipment'**

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

The use of a back-up (second) ventilator in the home setting is considered **medically necessary** when ALL the following criteria are met:

PG0183-05/01/2024

- The individual cannot maintain spontaneous ventilations for four (4) or more consecutive hours; **and**
- The individual lives in an area where a replacement ventilator cannot be provided within two (2) hours.

The use of a back-up (second) ventilator in the home setting is considered **medically necessary** for the following additional indication, when applicable:

- For individuals who require mechanical ventilation during mobility, as prescribed in their plan of care.

Documentation must be available upon request for each claim submission for both a primary and secondary ventilator when the back-up review is performed.

Modifier TW may be used with procedure codes, E0465, E0466, E0467 and E0468 to indicate 'back-up equipment'.

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

HCPCS CODES	
E0465	Home ventilator, any type, used with invasive interface (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with non-invasive interface (e.g., mask, chest shell).
E0467	Home ventilator, multi-function respiratory device, also performs any or all the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components, and supplies for all functions
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components, and supplies for all functions
MODIFIERS	
TW	Back-up equipment

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 1015/2008

Date	Explanation & Changes
04/01/10	<ul style="list-style-type: none"> • No change
01/01/11	<ul style="list-style-type: none"> • No change
11/10/15	<ul style="list-style-type: none"> • Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
02/09/16	<ul style="list-style-type: none"> • Effective 01/01/16 codes E0450, E0460, E0461, E0463, & E0464 deleted • Added effective 01/01/16 new codes E0465 & E0466 • Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
12/15/2020	<ul style="list-style-type: none"> • Medical policy placed on the new Paramount Medical Policy Format
02/01/2021	<ul style="list-style-type: none"> • Removed deleted codes E0450, E0460, E0461, E0463, & E0464 from the codes listing above • Added procedure code E0467 • Clarified/Documented that modifier TW may be used with procedure codes, E0465, E0466 and E0467 to indicate 'back-up equipment'
02/13/2023	<ul style="list-style-type: none"> • Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
3/30/2023	<ul style="list-style-type: none"> • Medical Policy updated to reflect DME limits calculated by CMS criteria/guidelines.
03/04/2024	<ul style="list-style-type: none"> • Medical Policy placed on the new Paramount Medical Policy format
05/01/2024	<ul style="list-style-type: none"> • Medical Policy reviewed and updated to reflect the most current clinical evidence • Added HCPCS Code E0468, Effective 04/01/2024

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review

Medical Policy prior to 05/01/2024:

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Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

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