

DME Non-Invasive Ventilator Settings

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

DME Non-Intensive Ventilator Settings" typically refers to the prescribed settings for a durable medical equipment (DME) non-intensive ventilator. These settings are specific configurations or parameters that are programmed into the ventilator to ensure it delivers the appropriate level of respiratory support to a patient.

Non-intensive ventilators are typically used in home or non-hospital settings to assist individuals with breathing difficulties. The settings can include parameters such as:

- **Respiratory Rate:** This refers to the number of breaths delivered per minute by the ventilator. The rate is typically set based on the patient's respiratory needs.
- **Tidal Volume:** This is the amount of air delivered with each breath. It is important to set this parameter correctly to match the patient's physiological requirements.
- **Inspiratory and Expiratory Time:** These settings control how long each inhalation and exhalation phase lasts. Properly setting these times is crucial for effective ventilation.
- **Positive End-Expiratory Pressure (PEEP):** PEEP is a pressure applied at the end of each breath to help keep the airways open and improve oxygenation. The appropriate PEEP level depends on the patient's condition.
- **FiO2 (Fraction of Inspired Oxygen):** This setting controls the concentration of oxygen delivered by the ventilator. It is adjusted based on the patient's oxygen needs.
- **Trigger Sensitivity:** This determines how sensitive the ventilator is to the patient's efforts to initiate a breath. It can be set to synchronize with the patient's own breathing or be set to deliver breaths at a fixed rate.
- **Pressure Support:** Pressure support helps the patient initiate breathing. It provides additional pressure during inspiration to assist with breathing effort.

These settings are carefully customized for each patient based on their medical condition and respiratory needs. Properly configuring a non-intensive ventilator's settings is essential to ensure effective and safe respiratory support for individuals who require it. Healthcare professionals, such as respiratory therapists or pulmonologists, typically determine and adjust these settings based on a patient's diagnosis and ongoing assessment.

Reimbursement Guidelines

This policy addresses the suspension of specific edits pertaining to HCPCS code E0467, which is used for CPAP or bi-level PAP therapy, irrespective of the patient's medical condition. HCPCS code E0467 refers to a device that serves as a ventilator and offers additional functions such as suction, oxygen concentration, cough stimulation, and nebulization, intended for home use. This unique device has the potential to replace multiple different pieces of equipment, raising the potential for errors in claims submitted for these items.

Molina Healthcare retains the authority to deny, review, audit, and recoup claims based on medical necessity as outlined in the above policy.

Supplemental Information

Definitions

| Term | Definition |
|--------------|---|
| CMS | Center for Medicare and Medicaid |
| CPAP | Continuous Positive Airway Pressure |
| HCPCS | Healthcare Common Procedure Coding System |
| Home setting | Non-clinical, non-hospital setting |
| PAP | Positive airway pressure |

State Exceptions

| State | Exception |
|-------|-----------|
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Documentation History

| Type | Date | Action |
|----------------|------------|-----------------------------------|
| Effective Date | 09/08/2023 | New Policy |
| Revised Date | 12/12/2024 | Updated Policy and verified Links |

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

| Agency: | Reference links: |
|-------------|---|
| CMS -L33800 | LCD - Respiratory Assist Devices (L33800) (cms.gov) |
| MAC | PDAC - Correct Coding and Coverage of Ventilators - Revised July 2020 (dmeptac.com) |

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.