Anthem

Clinical UM Guideline

Subject: Back-Up Ventilators in the Home Setting
Guideline #: CG-DME-26
Status: Revised

Publish Date: 09/27/2023
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Description

This document addresses the medically necessary indications for the use of back-up (or second additional) ventilators in the home setting, for use as a “back-up” machine, if needed.

Mechanical ventilation may be defined as a life support system designed to replace or support normal ventilatory lung function (AARC 2007).

Clinical Indications

Medically Necessary:

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

A. The individual cannot maintain spontaneous ventilations for 4 or more consecutive hours;**and**
B. The individual lives in an area where a replacement ventilator cannot be provided within 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:

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

Not Medically Necessary:

The use of a back-up (second) ventilator in the home setting is considered**not medically necessary** when the above criteria are not met.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

When services may be Medically Necessary when criteria are met:

HCPCS	
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 of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions Note: HCPCS modifier ‘-TW’ may be used with the above procedure codes to indicate ‘back-up equipment’.
ICD-10 Diagnosis	
	All diagnoses

When services are Not Medically Necessary:
For the procedure codes listed above when criteria for a back-up (second) device are not met.

Discussion/General Information

Mechanical ventilation may be defined as a life support system designed to replace or support normal ventilatory lung function (AARC, 2007). There are a myriad of medical conditions that may cause an individual to require the use of mechanical ventilation for either a short-term or long-term basis. Ventilators can be categorized as either invasive or noninvasive. Invasive mechanical ventilation is defined as the delivery of positive pressure to the lungs via an endotracheal or tracheostomy tube. It is most often used to fully or partially replace the function of spontaneous breathing and gas exchange. Noninvasive ventilation (NIV) may be required part of the time and is delivered through an alternative interface such as a face mask (Hyzy, 2021).

According to the American Association for Respiratory Care (AARC), individuals eligible for invasive long-term mechanical ventilation in the home setting require a tracheostomy tube for ventilatory support, but no longer require intensive medical and monitoring services (AARC, 2007).

The medical necessity criteria in this document for use of back-up ventilators in the home setting are consistent with the recommendations of the AARC Clinical Practice Guidelines for Long-term Invasive Mechanical Ventilation in the Home Setting (AARC, 2007). This document has not been updated since 2007.

References

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Association for Respiratory Care (AARC) Clinical Practice Guideline: Long-term invasive mechanical ventilation in the home. Original publication: Respir Care. 1995; 40(12):1313-1320. 2007 Update with Revisions. Resp Care. 2007; 52(1):1056-1062. Available at: https://www.aarc.org/wp-content/uploads/2014/08/08.07.1056.pdf. Accessed on June 29, 2023.
2. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination: Durable Medical Equipment. Reference List NCD #280.1. Effective September 1986; most recent update: May 5, 2005. Available at: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&NCAId=3&ver=5&NcaName=Air-Fluidized+Beds+for+Pressure+Ulcers&bc=ACAAAAAAIAAA&. Accessed on June 29, 2023.
3. Centers For Medicare & Medicaid Services. Noninvasive positive pressure ventilation in the home. Available at: https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/id108TA.pdf. Accessed on June 29, 2023.
4. Hyzy RC, McSparron JI. UpToDate. Overview of initiating invasive mechanical ventilation in adults in the intensive care unit. Available at: https://www.uptodate.com/contents/overview-of-initiating-invasive-mechanical-ventilation-in-adults-in-the-intensive-care-unit?search=invasive%20ventilation&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H4167959455. Accessed on June 29, 2023.
5. King AC. Respiratory Care. Long-term home mechanical ventilation in the united states. June 2012. Available at: https://rc.rcjournal.com/content/57/6/921. Accessed on June 29, 2023.
6. MacIntyre NR, Epstein SK, Carson S, et al.; National Association for Medical Direction of Respiratory Care (NAMDRC). Management of patients requiring prolonged mechanical ventilation: report of a NAMDRC consensus conference. Chest. 2005; 128(6):3937-3954.
7. Make BJ, Hill NS, Goldberg AI, et al. Mechanical ventilation beyond the intensive care unit: report of a consensus conference of the American College of Chest Physicians (ACCP). Chest. 1998; 113(5Suppl):289S-344S.
8. McKim DA, Road J, Avendano M, et al. A Canadian Thoracic Society (CTS) Clinical Practice Guideline: Home Mechanical Ventilation. Can Respir J. 2011; 18(4):197-215. Available at: http://downloads.hindawi.com/journals/crj/2011/139769.pdf. Accessed on June 29, 2023.
9. Stuart M, Weinrich M. Protecting the most vulnerable: home mechanical ventilation as a case study in disability and medical care: report from a National Institutes of Health (NIH) conference. Neurorehabil Neural Repair. 2001; 15(3):159-166.

Index

The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.

History

Status	Date	Action
Revised	08/10/2023	Medical Policy & Technology Assessment Committee (MPTAC) review. Reformatted bullets to alphanumeric. Updated Reference section.
Reviewed	08/11/2022	Medical Policy & Technology Assessment Committee (MPTAC) review. Updated Discussion and Reference sections.
Reviewed	08/12/2021	MPTAC review. Updated Discussion/General Information and References sections.
Revised	08/13/2020	MPTAC review. Updated MN formatting in the Clinical Indications section. Removed written version of number and maintained numeric value in MN Clinical Indications section. Updated Description and References sections. Reformatted Coding section.
Reviewed	08/22/2019	MPTAC review. References were updated.
	12/27/2018	Updated Coding section with 01/01/2019 HCPCS changes; added E0467.
Reviewed	09/13/2018	MPTAC review. References were updated.
Reviewed	11/02/2017	MPTAC review. The document header wording was updated from “Current Effective Date” to “Publish Date.” References were updated.
Reviewed	11/03/2016	MPTAC review. References were updated.
Reviewed	11/05/2015	MPTAC review. References were updated. Updated Coding section with 01/01/2016 HCPCS changes; removed E0450, E0460, E0461, E0463, E0464 deleted 12/31/2015 and also removed ICD-9 codes.
Reviewed	11/13/2014	MPTAC review. References were updated.
Reviewed	11/14/2013	MPTAC review. References were updated.
Reviewed	11/08/2012	MPTAC review. References were updated.
Reviewed	11/17/2011	MPTAC review. References were updated.
Reviewed	11/18/2010	MPTAC review. References were updated.
Reviewed	11/19/2009	MPTAC review. References were updated.
Reviewed	11/20/2008	MPTAC review. References were updated.
Reviewed	11/29/2007	MPTAC review. References were updated.
Reviewed	12/07/2006	MPTAC review. References and coding were updated.
New	12/01/2005	MPTAC initial guideline development.

Pre-Merger Organizations	Last Review Date	Document Number	Title
Anthem, Inc.			No document
Anthem Southeast (Virginia)	08/10/2004	Memo 1216	Back-Up Ventilators in the Home Setting
WellPoint Health Networks, Inc.			No document

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guideline for provider education and/or to review the medical necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.