

Mechanical Ventilation Equipment, Tracheostomy Tubes, and Other Related Supplies Benefit Criteria to Change for Texas Medicaid Effective March 1, 2017

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Note: All new and updated procedure codes and their associated reimbursement rates are proposed benefits pending a rate hearing and approval of expenditures. Providers will be notified when the rates and expenditures are approved.

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

Effective for dates of service on or after March 1, 2017, benefit criteria will change for mechanical ventilation equipment for Texas Medicaid.

Overview of Benefit Changes

The Ventilator Service Agreement is no longer a benefit and the form has been discontinued.

Tracheostomy tube and supply modifiers will change. The TG and TF modifiers will no longer be accepted on prior authorization requests or claims for tracheostomy tubes and supplies. Providers are to use:

- U1 for specialized but non-customized tracheostomy tubes with specialized functions
- U2 for customized tracheostomy tubes

Providers are encouraged to read the [Benefit Criteria article](#), reimbursement table, to learn more about the reimbursement and billing relationships for ventilator equipment and tracheostomy supplies and the "Covered Procedure Codes and Benefit Limitations" table to learn more about the defined limitations and prior authorization requirements for the equipment.

Mechanical Ventilation Equipment

Mechanical ventilation may be considered for the treatment of, but not limited to:

- Neuromuscular or musculoskeletal diseases and conditions affecting the respiratory muscles
- Thoracic restrictive diseases
- Chronic respiratory failure

The following table lists covered mechanical ventilation procedure codes, benefit limitations, and prior authorization requirements. All items must be requested by the client's treating physician and are available for rental only:

Procedure Code	Description	Limitations	Requires PA Rental Only
E0457	Chest Shell (cuirass or	1 per calendar month	Yes

	"clam shell")		
E0459	Chest wrap	1 per calendar month	Yes
E0465	Invasive home ventilator for clients with a tracheostomy	1 per calendar month	Yes
E0466	Noninvasive positive pressure or volume control ventilator- for clients without a tracheostomy	1 per calendar month	Yes

A chest shell (cuirass or "clam shell") may be prior authorized for purchase following the initial three-month rental period of the non-invasive negative pressure ventilator depending on the physician's predicted length of treatment and the client's compliance

A ventilator may be considered for an initial three-month rental period. Following the initial three-month rental period, if the ventilator was effective, it may be considered for ongoing six-month rental periods.

Prior Authorization

Prior authorization may be considered for initial and renewal requests for mechanical ventilators with submission of all of the following:

- A completed [Title XIX Form](#) signed and dated by the client's treating physician (new with each request)
- Attestation from the treating physician that the mechanical ventilator is medically necessary and the client is compliant with the use of the equipment
- Effective March 1, 2017, the ventilator service agreement will be discontinued.

The monthly ventilator rental includes all ventilator-related supplies regardless of the client's duration of use, whether 24 hours per day or less, including, but not limited to:

- Internal filters
- External filters
- Ventilator circuits with an exhalation valve
- High and low pressure alarms
- Humidification systems including supplies and solutions (e.g., sterile or distilled water)
- In-line compressors and related supplies
- Back-up ventilator
- Tracheostomy tube filters and humidification devices, such as heat moisture exchangers

The durable medical equipment (DME) provider is responsible for ensuring that there is a contingency plan to manage interruptions in the use of equipment such as emergency situations and mechanical failures that would be life threatening for the client.

Acceptable plans include input from the client's treating practitioner that take into

account the severity of the client's medical condition and time constraints in providing emergency support.

Oxygen rental is not considered a ventilator supply and may be considered for separate prior authorization. Please refer to the article titled "[Oxygen Therapy Benefits to Change for Texas Medicaid Effective March 1, 2017](#)" for more information.

For rented or client owned ventilators, when heated or non-heated humidification is requested, documentation submitted must support why it is medically necessary for the use with the ventilation. Please refer to the article titled "[Benefit Criteria to Change for Humidifiers, Heating Elements, Compressors, and Large Volume Nebulizers Effective March 1, 2017](#)," for more information.

Tracheostomy Tubes and Related Supplies

Tracheostomy supplies, including inner cannulas, are available for purchase when medically necessary without prior authorization within the limits as defined in the "Covered Procedure Codes and Benefit Limitations" table which can be found in the article titled "[Benefit Criteria to Change for Respiratory Equipment and Supplies](#)."

A tracheostomy speaking valve (L8501) is considered a medically necessary accessory that enhances the function of the tracheostomy and is available for purchase without prior authorization when requested within the limits as defined in the "Covered Procedure Codes and Benefit Limitations" table which can be found in the article titled, "[Benefit Criteria to Change for Respiratory Equipment and Supplies](#)."

Tracheostomy tubes (procedure codes A7520, A7521, A7522) are medically necessary for clients with a tracheostomy and are available for purchase with prior authorization.

- For the initial tracheostomy tube request, three tubes may be considered for prior authorization in the first month of service (two the same size and one smaller for emergencies).
- For the next five months of the initial prior authorization period and for subsequent requests, one tracheostomy tube will be prior authorized per month.
- More than one tracheostomy tube per month may be considered on a case-by-case basis with medical documentation supporting why the tracheostomy tube must be changed more frequently in order to meet the client's medical needs.

Requesting tracheostomy supplies above the defined limitation

Clients birth through 20 years of age

Use the [CCP Prior Authorization Request Form](#) to request tracheostomy supplies for clients birth through 20 years of age that exceed the defined limitations. Requesting supplies above the defined limitation requires prior authorization with documentation supporting the medical need of the quantity requested and may be considered under the Comprehensive Care Program (CCP).

Clients over the age of 21

Use the [Title XIX Form](#) to request tracheostomy supplies for clients 21 years of age and older that exceed the defined limitations. Requesting supplies above the defined

limitation requires prior authorization with documentation supporting the medical need of the quantity requested and may be considered with documentation of medical necessity.

Modifiers for Tracheostomy Tubes

Note: The TG and TF modifiers will no longer be accepted on prior authorization requests or claims for with tracheostomy tubes.

When requesting prior authorization for non-customized or non-specialized tracheostomy tubes without specialized functions, providers must submit the most appropriate procedure code, no modifier is required.

When requesting prior authorization for specialized, but non-customized tracheostomy tubes with specialized functions, providers submit the request with modifier U1.

When requesting prior authorization for customized tracheostomy tubes, providers must submit the request with modifier U2.

Tracheostomy Tube Modifiers

Modifier	Used for
U1	Specialized but non-customized tracheostomy tubes with specialized functions
U2	Customized tracheostomy tubes; Manufacturer's retail or invoice pricing information is required when using modifier U2

With the use of either modifier U1 or U2, the following documentation is required:

- A physician statement of the reason the client cannot use a standard tracheostomy tube.
- The manufacturer's information on the specialized functions of the tracheostomy tube or the order form describing the customization of the tracheostomy tube.

Tracheostomy Tube Inner Cannula and Required Modifier

Reusable inner cannula

- Clients with a tracheostomy tube with a *reusable* inner cannula (procedure code A4623) are allowed one reusable inner cannula per month without prior authorization.
- Requests for more than one *reusable* inner cannula per month require prior authorization and medical documentation from the client's physician to support the need for more than one reusable inner cannula per month.

Disposable inner cannula

- Clients with a tracheostomy tube with a *disposable* inner cannula (procedure code A4623 with modifier U3) are allowed 31 disposable inner cannulas per month without prior authorization using the U3 modifier.

- If more than 31 *disposable* inner cannulas per month are needed, prior authorization is required and documentation from the client's treating physician must support the medical need for more than 31 per month.

Tracheostomy Tube Inner Cannula Modifier for procedure code A4623

Modifier	Used for
U3	Disposable inner cannula

Custom tracheostomy tubes are manufactured with reusable inner cannulas. The reusable inner cannulas are included in the prior authorization for any custom tracheostomy tube authorized.

Suction Machines and Related Supplies

A suction machine (procedure code E0600) may be considered for purchase with prior authorization if medically necessary for clients who have difficulty raising and clearing secretions and have a medical need to have oral, nasopharyngeal, or tracheal suctioning performed.

Suction supplies (suction canisters, suction tubing, tracheal suction catheters, and oropharyngeal suction catheters) (procedure codes A4605, A4624, A4628, A7000, and A7002) are medically necessary for use with a suction machine. These supplies are available, if medically necessary, for purchase without prior authorization up to the defined limitations noted in the "Covered Procedure Codes and Benefit Limitations" table which can be found in the article titled, "[Benefit Criteria to Change for Respiratory Equipment and Supplies.](#)"

In most cases in the home setting, sterile suction catheters (procedure codes A4605, A4623) and sterile saline for suctioning (procedure code A4216) are considered medically necessary only for tracheostomy suctioning. Sterile saline for tracheal suctioning (procedure code A4216) does not require prior authorization when requested within the stated limits. Only one type of tracheal suction catheter is allowed per month.

Suction canister filters are limited to one every two months with prior authorization and should be requested using the miscellaneous DME procedure code A9900.

Requesting suctioning supplies above the defined limitations

Clients birth through 20 years old

Use the [CCP Prior Authorization Request Form](#) to request suction equipment and supplies for clients birth through 20 years of age that exceed the defined limitations. Requesting supplies above the defined limitation require prior authorization with documentation supporting the medical need of the quantity requested and may be considered under the Comprehensive Care Program (CCP).

Clients over the age of 21

Use the [Title XIX Form](#) to request suction equipment and supplies requests for clients 21 years of age and older that exceed the defined limitations. Requesting supplies above the defined limitation requires prior authorization with documentation supporting the medical need of the quantity requested.

Other Respiratory Supplies

Other respiratory supplies are a benefit when medically necessary and are available without prior authorization up to the stated quantity limitation as defined in the "Covered Procedure Codes and Benefit Limitations" table which can be found in the article titled, ["Benefit Criteria to Change for Respiratory Equipment and Supplies."](#)

Non-sterile (clean) respiratory supplies are considered standard of care and are clinically appropriate in the home setting.

Sterile respiratory supplies are a benefit with prior authorization when medically necessary and documentation clearly demonstrates that the client's medical needs cannot be met with non-sterile (clean) supplies.

Bag Valve Mask (BVM) Resuscitator

A bag valve mask (BVM) resuscitator or handheld resuscitation bag (procedure code S8999) is commonly used for a ventilator-dependent client when the client is temporarily removed from mechanical ventilation. A BVM for a ventilator-dependent client may be a benefit for purchase when medically necessary without prior authorization.

A BVM for a non-ventilator client with or without a tracheotomy and with an appropriately sized face mask when appropriate, who requires manual respiratory assistance due to inadequate or no breathing, may be a benefit when medically necessary and requires prior authorization requested using the miscellaneous DME procedure code E1399.

Client-Owned Equipment

Respiratory supplies are included in the rental of the respiratory equipment and will not be prior authorized separately, but may be prior authorized for equipment that is owned by the client.

To request prior authorization for respiratory supplies for use with client-owned equipment, the following documentation must be provided by the client's treating physician:

- A completed [Title XIX Form](#) signed and dated by the client's treating physician (new with each request)
- Diagnostic information pertaining to the underlying diagnosis or condition as well as any other medical diagnoses or conditions that impact the client's overall health status.
- The prescribed respiratory care regimen, include frequency, duration, and supplies needed
- Treatment for infection, if present
- Medical justification for the quantity and type of supply requested

Providers may refer to ["Benefit Criteria to Change for Respiratory Equipment and Supplies – Home Health Effective March 1, 2017,"](#) for quantity limitations information.

For more information, call the TMHP Contact Center at 1-800-925-9126.