GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

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 myocardiac 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
Back-up ventilators do not require prior authorization.

HMO, PPO, Individual Marketplace, Elite, Advantage
The use of a back-up (second) ventilator in the home setting is considered medically necessary when ALL of the following criteria are met:

- 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 the procedure code 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.

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>E0450</td>
<td>Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (Deleted effective 01/01/16)</td>
</tr>
<tr>
<td>E0460</td>
<td>Negative pressure ventilator; portable or stationary (Deleted effective 01/01/16)</td>
</tr>
<tr>
<td>E0461</td>
<td>Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g., mask) (Deleted effective 01/01/16)</td>
</tr>
<tr>
<td>E0463</td>
<td>Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface</td>
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</tbody>
</table>
Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g., mask) (Deleted effective 01/01/16)

Home ventilator, any type, used with invasive interface (e.g., tracheostomy tube) (New effective 01/01/16)

Home ventilator, any type, used with non-invasive interface (e.g., mask, chest shell). (New effective 01/01/16)

REVISION HISTORY EXPLANATION
04/01/10: No change
01/01/11: No change
11/10/15: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
02/09/16: 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.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.