



## MO HealthNet PA Criteria Proposal V 1.8

Medical Procedure Class:	<b>Ventilators (Backup) – E0450TWRR; E0463TWRR</b>
Implementation Date:	<b>March 3, 2009</b>
Revised Date:	<b>May 15, 2009</b>
Prepared for:	<b>MO HealthNet</b>

**New Criteria**

**Revision of Existing Criteria**

### Executive Summary

<b>Purpose:</b>	To allow a more consistent and streamlined process for authorization of ventilators.	
<b>Why was this Issue Selected:</b>	Senate Bill 577 passed by the 94 <sup>th</sup> General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
<b>Procedures subject to Pre-Certification</b>	<p>E0450TWRR: Volume control (backup) ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)</p> <p>E0463TWRR: Pressure support (backup) ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)</p>	
<b>Setting &amp; Population:</b>	All MO HealthNet fee-for-service participants	
<b>Data Sources:</b>	<input type="checkbox"/> <b>Medicare LCD</b>	<input checked="" type="checkbox"/> <b>MHN Policy</b>

### Setting & Population

All MO HealthNet fee-for-service participants

## Approval Criteria

- **E0450TWRR - Backup volume ventilator may be covered when the following criteria are met:**

Requirements 1-3 must be met:

1. The criteria for approval of a volume ventilator is met; AND
2. The patient requires ventilation 24 hours per day; AND
3. Justification of the medical necessity is needed via submission of a Cyberaccess help ticket or a phone call to the help desk at 800-392-8030.

- **E0450TWRR - A secondary portable volume ventilator may be covered when the following criteria are met:**

Requirements 1-3 must be met:

1. The criteria for approval of a volume ventilator are met; AND
2. The patient requires mechanical ventilation during mobility outside the home; AND
3. The patient travels outside the home on a regular and ongoing basis or there is a need for a one-time use.

- **E0463TWRR- Backup pressure support ventilator may be covered when the following criteria are met:**

Requirements 1-3 must be met:

1. The criteria for approval of a pressure support ventilator is met; AND
2. The patient requires ventilation 24 hours per day; AND

3. Justification of the medical necessity is needed via submission of a Cyberaccess help ticket or a phone call to the help desk at 800-392-8030.

- **E0463TWRR- Secondary portable pressure support ventilator may be covered when the following criteria are met:**

Requirements 1-3 must be met:

1. The criteria for approval of a pressure support ventilator are met;  
AND
2. The patient requires mechanical ventilation during mobility outside the home; AND
3. The patient travels outside the home on a regular and ongoing basis or there is a need for a one-time use.

## Denial Criteria

Approval criteria are not met.

## Approval Period

Rental – up to 12 months for initial pre-cert; lifetime for subsequent pre-certs

## Appendix A: Potential Questions for Step 1 and Step 2

**\*\*The following questions may be encountered as part of the approval and denial criteria. Depending on the patient's history and the way previous questions may be answered, not every question may be asked for every patient.**

- Did you obtain a pending approval for a primary ventilator?
- Does the patient require ventilation during mobility outside the home?
- Does the patient require ventilation 24 hours a day?
- What is the length of need?

- Can the patient's ventilation needs be met with a volume ventilator?
- Is this request for a one-time use of a ventilator for mobility outside the home?
- Does the patient travel outside the home on a regular and ongoing basis?
- What is the duration of need?
- Is there a written prescription for a pressure support ventilator from a pulmonologist or related pediatric subspecialist actively engaged in the care and treatment of the patient?
- Does the patient's medical record indicate the patient has tried and failed the volume ventilator?
- Did you obtain a pending approval for a primary ventilator?