



MO HealthNet PA Criteria

Medical Procedure Class:	Ventilators (Backup) – E0465TWRR
Implementation Date:	February 27, 2009 – Smart PA Implementation March 3, 2009 – CyberAccess Implementation
Prepared for:	MO HealthNet
Prepared by:	Conduent Business Services, LLC

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of ventilators.	
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th 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.	
Procedures subject to Pre-Certification	E0465TWRR: Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	
Setting & Population:	All MO HealthNet fee-for-service participants	
Data Sources:	<input type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> MHN Policy

Setting & Population

All MO HealthNet fee-for-service participants

Approval Criteria

- **E0465TWRR - Backup ventilator may be covered when the following criteria are met:**

Requirements 1-3 must be met:

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

- **E0465TWRR - A secondary ventilator may be covered when the following criteria are met:**

Requirements 1-3 must be met:

1. The criteria for approval of a 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?
- 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 ventilator from a pulmonologist or related pediatric subspecialist actively engaged in the care and treatment of the patient?