



MO HealthNet PA Criteria

Medical Procedure Class:	Ventilators – E0465RR
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	E0465: Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	
Setting & Population:	All MO HealthNet fee-for-service participants	
Data Sources:	<input checked="" type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> MHN Policy

Setting & Population

All MO HealthNet fee-for-service participants

Approval Criteria

- **E0465RR - Ventilator is covered when the following criteria are met:**

Requirements 1 and 2 must be met:

1. The ventilator is required for treatment of a neuromuscular disease, thoracic restrictive disease, or chronic respiratory failure; AND
2. The patient has an artificial airway; AND
3. There is a written prescription for the ventilator from a pulmonologist or related pediatric subspecialist actively engaged in the care and treatment of the patient.

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.**

- Does patient have a diagnosis of neuromuscular disease, thoracic restrictive disease, or chronic respiratory failure?
- Does the patient have an artificial airway?
- Is there a written prescription for a ventilator from a pulmonologist or related subspecialist actively engaged in the care and treatment of the patient?
- Does the provider record document a written physician order for a ventilator?