Ventilator/Invasive

Documentation Required

❖ All insurance payers
  ▪ Prescription
  ▪ Medical record notes specifying medical necessity

❖ Medicaid
  ▪ Medicaid Certificate of Medical Necessity (CMN) – may replace Rx if all items with quantities are listed in the “Plan” section of the CMN

❖ Prescription requirements
  ✓ Start date
  ✓ Patient name
  ✓ Provider name
  ✓ Provider NPI (for Medicare recipients)
  ✓ Detailed description of item(s) prescribed (ventilator make/model, heated humidifier, circuits)
  ✓ Quantities needed per month, and must be consistent with medical record notes
  ✓ ICD-10 code(s)
  ✓ Length of need
  ✓ Provider signature with credentials (for Medicare recipients)
  ✓ Provider signature date (in addition to start date of prescription for Medicare recipients)

Medicare Medical Records

❖ Must specify one of the following ventilator modes in medically necessary
  ▪ Assist Control, Volume Controlled Ventilation (ACV)
  ▪ Synchronized intermittent-mandatory Ventilation (SIMV)
  ▪ Pressure Control ventilation (PCV)

❖ Medicare regulation stipulates that ventilators will be covered for the following conditions:
  ▪ Neuromuscular disease
  ▪ Thoracic restrictive disease
  ▪ Chronic respiratory failure consequent to chronic obstructive pulmonary disease

*** Medicare does not recognize non-invasive ventilation as medically necessary for mechanical ventilation in the home setting, and therefore will deny coverage. ***

*** Medicare does not recognize Pressure Support Ventilation (PSV) or BIPAP modes of ventilation as medically necessary for mechanical ventilation in the home setting, and therefore will deny coverage. ***