



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. ****