September 17, 2021

Web Announcement 2584

Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):

Medical Necessity Clarification for Non-Invasive Ventilators

This web announcement provides clarification for determining the medical necessity for non-invasive ventilators (NIVs) in order for Nevada Medicaid to cover NIVs billed with Healthcare Common Procedural Coding System (HCPCS) code E0466.

The treating physician/clinician must fully document in the recipient's medical record all rationale for the recipient's need for the NIV.

The recipient must have demonstrated failure of bilevel positive airway pressure (BPAP/Bi-PAP) to improve hypercapnia and/or oxygen saturation level. **This BPAP trial must be provided along with all supportive clinical documentation.**

> **Note:** Partial pressure of carbon dioxide (PaCO2) levels may not normalize even with adequate response to Bi-PAP therapy. Failure to normalize PaCO2 levels alone is not considered a therapeutic failure of Bi-PAP. In general, a non-invasive ventilator is not considered medically necessary when the sole purpose of the home ventilator is to function as a respiratory assistance device (RAD), including continuous positive airway pressure (CPAP), auto-titrating PAP (APAP), bilevel positive airway pressure (BPAP/BiPAP, AVAPS) or adaptive servo-ventilation (ASV).

Nevada Medicaid considers NIVs to be medically necessary for the following indications when criteria are met:

- Restrictive Thoracic Disorders – along with documented failed Bi-PAP trial
    1. An arterial blood gas partial pressure of carbon dioxide (PaCO2) was measured **while awake and breathing room air or on prescribed oxygen** with a measurement of: PaCO2 ≥ 45 mm Hg; **OR**
    2. Sleep Oximetry demonstrates O2 saturation ≤88% for at least 5 mins while breathing prescribed O2; **AND**
    3. If neuromuscular disease is present, maximal inspiratory pressure is < -60 cm H20, or forced vital capacity is < 50% predicted
- Severe Chronic Obstructive Pulmonary Disease (COPD) – along with documented failed Bi-PAP trial
    1. An arterial blood gas partial PaCO2 measurement was **done while awake** *and* **breathing at baseline and prescribed FIO2**, which is greater than or equal to 52 mm Hg.
- Obesity hypoventilation syndrome (also known as Pickwickian Syndrome) – along with documented failed Bi-PAP trial
    1. BMI greater than 30; **and**
    2. An initial arterial blood gas PaCO2, **done while awake and breathing the recipient's prescribed FIO2**, is greater than or equal to 45 mm Hg.

Additionally: Overlap syndromes (presence of more than one condition, such as COPD and sleep apnea), and pediatric respiratory failure cases require secondary medical review by a physician.

Please note the following miscellaneous policy statements:

1. The initial rental will be for three months.
2. Continued use of non-invasive home ventilators after the initial three-month certification period is considered medically necessary when each of the following components are met:
    A. Medical records document improvement in relevant signs or symptoms due to use of the device.
    B. The device is used for at least an average of four hours per 24-hour period based on a download of compliance from the device.

C. None of the following contraindications are present:
    - Fraction of inspired oxygen (FiO2) requirement > 0.40
    - Positive End Expiratory Pressure (PEEP) > 10 cm H2O
    - Need for continuous invasive monitoring

Please refer to Medicaid Services Manual (MSM) Chapter 1300 DME Disposable Supplies and Supplements for Nevada Medicaid policy.