



Updated Coverage Criteria for E0467- Home Ventilator, Multi-Function Respiratory Device

For dates of service on or after **February 1, 2021**, the Medicaid Fee-for Service coverage criteria for HCPCS code E0467 have been updated. Coverage criteria have been changed to require only one additional therapy in addition to home ventilator use.

<p>E0467 ^{F26}</p> <p>F26= Continuous Monthly Rental</p>	<p>#Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions</p> <p><u>General Guidelines:</u></p> <ol style="list-style-type: none"> 1. Only one ventilator code will be reimbursable per rental month 2. It is the billing provider’s responsibility to maintain documentation that the member meets coverage criteria. 3. The following therapies/supplies/equipment are included in the functionality of code E0467 and will not be separately reimbursable: <ul style="list-style-type: none"> • Ventilators (HCPCS codes E0465, E0466) • Oxygen and Oxygen Equipment • Nebulizers and related accessories • Aspirator and related accessories • Cough Stimulator • Mechanical Insufflation-Exsufflation devices and related accessories • High Frequency Chest Wall Oscillation Devices and related accessories • Oscillatory positive expiratory pressure device 4. As with all rentals, the 30 day fee includes all necessary equipment, delivery, maintenance and repair costs, parts, supplies (e.g. tracheostoma filters, any type) and services for equipment set-up, maintenance and replacement of worn essential accessories or parts, loading or downloading software, and back up equipment as needed. <p><u>Coverage Criteria:</u></p> <p>Members must meet the following criteria:</p> <ul style="list-style-type: none"> • Member is new to ventilator use, AND • Member must require ventilator and one of the following covered therapies: cough stimulator, oxygen, suction pump, nebulizer.
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Billing Guidance:

Dispensing Validation System (DVS) authorization for E0467 with a date(s) of service that overlaps date(s) of service for any of the following scenarios are considered a duplicate request and will be rejected and the claim will be denied if:

- There is an active DVS approval for the ventilator codes E0465 or E0466.
- There are active approvals or DVS authorizations for the rental of separate stand-alone devices and related accessories that fall within the same time range.

QUESTIONS

If you have policy related questions, please contact the Bureau of Medical Review at 1-800-342-3005 or email OHIPMEDPA@health.ny.gov

Any Medicaid Managed Care questions regarding policy should be directed to the member's Medicaid Managed Care plan.