Durable Medical Equipment Criteria for Home Ventilators

This notice is to inform providers of the Montana HealthCare Programs' requirements that must be met for home ventilators. The Department must establish the equipment is medically necessary, the most appropriate, and the least costly alternative to meet the members' needs.

In accordance with the Administrative Rules of Montana (ARM) 37.86.1802, Montana Healthcare Programs follow the Medicare coverage criteria for Durable Medical Equipment (DME) as outlined in the Region D Supplier Manual, Local Coverage Determinations (LCDs), and National Coverage Determinations (NCDs). In addition, the Administrate Rules of Montana (ARM) 37.82.102 (18)(b) also applies. This rule states: A service or item is not medically necessary if there is another service or item for the recipient that is equally safe and effective and substantially less costly including, when appropriate, no treatment at all.

Therefore, prior authorization is required for Home Ventilator, Non-Invasive Interface (E0466) and Home Ventilator, Invasive Interface (E0465), to determine the medical necessity as stated in the Administrative Rules outlined above.

The following documentation requirements apply for both invasive and non-invasive home ventilators, and should be submitted with each prior authorization request:

**Requirements for initial home ventilator requests:**

- Ordering Health Care Provider/Prescriber (HCP) notes detailing the diagnosis for which the ventilator is required. This is to include diagnoses such as progressive neuromuscular disease, thoracic restrictive conditions, cardiac conditions, COPD, upper airway conditions, and other causes of respiratory failure.

- The HCP's notes must document why less costly alternatives such as simple oxygen therapy, maximal medical management, bilevel and/or other respiratory assistive devices, etc., are not suitable. This might be because they were tried and failed, they are inappropriate for the patient's condition with an explanation as to why, or some other specific reason why less costly alternatives will not meet the patient's needs.

- The notes must include objective data such as blood gas measurements, PFT's, oximetry, sleep study interpretations, and any other laboratory and diagnostic imaging that supports the need for home ventilation. This does not mean that absolute lab or test values will be used for authorization. It means that the ordering HCP's judgement, informed by the objective data will be the ultimate determinant of need.

- The original prescription from the ordering HCP.
• A Detailed Written Order* must also be provided: This includes:
  o Estimated length of need --this may be undetermined but might also vary in the case of convalescence from an exacerbation of a condition
  o Hours of use
  o Ventilator settings

* A prescription alone that does not include this information will not be sufficient.

After initial approval: Prescribers shall determine the frequency of follow-up assessments. Providers must document all updated orders and/or information regarding treatment in the medical record. Providers are reminded, in accordance with 42 CFR 440.70, the need for medical supplies, equipment and appliances should be identified by the prescriber and reviewed at least annually. Face-to-face assessments of the patient by the prescriber can be performed using telemedicine. Telemedicine guidance can be found in the General Information for Providers Manual.

To renew a prior authorization: For ongoing ventilator usage, in addition to information described above that justifies the initial provision of the ventilator, there must be information in the member's medical record to support that the item continues to remain reasonable and necessary. Information used to justify continued medical need must be timely for the date of service under review. Any of the following may serve as documentation justifying continued medical need:

• A recent order by the treating physician/practitioner for refills, or
• A recent change in prescription, or
• Timely documentation in the member's medical record showing usage of the item.

Suppliers are responsible for monitoring utilization. Suppliers must discontinue billing Montana Healthcare Programs if a ventilator is no longer being used by the member. Any of the following may serve as documentation that an item submitted for reimbursement continues to be used by the member:

• Timely documentation in the member's medical record showing usage of the item.
• Supplier records such as compliance logs or service plans.
• Supplier records documenting member confirmation of continued use.

References regarding continued need requirements related to DME that apply to Montana HealthCare Programs can be found at Noridian Medicare Medical Records webpage, https://med.noridianmedicare.com/web/jddme/topics/documentation/medical-records, and the Noridian Medicare Continued-Need webpage, https://med.noridianmedicare.com/web/jddme/topics/documentation/continued-need.

If all required documentation is not provided with the prior authorization request, the Department's utilization review contractor will request the missing required documentation before making a determination. The utilization review contractor's clinical staff will then complete the review based on the documentation received. It should be noted that failure to provide requested information may result in denial of the request.

To submit a prior authorization request for home ventilators, complete the Montana Medicaid Prior Authorization Request Form for Durable Medical Equipment found at the Mountain-Pacific Quality Health Website, http://mpqhf.com/corporate/wp-content/uploads/2016/02/dmemedicaidpriorauth102014f.pdf, or the Provider Website, https://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2019PN/provnotice priorauthqualitraportal03192019.pdf, and send it, along with required documentation outlined in this provider notice via the Qualitrac Portal to
Information on using the Qualitrac Portal can be found on the March 19, 2019 Montana Healthcare Programs Provider Notice located on the DME Provider webpage https://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2019PN/provnoticepriorauthqualitracportal03192019.pdf.

Contact Information

If you have any questions, please contact:

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For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.