



Health & Human Services

## VENTILATORS

Service Authorization Required: Yes

### DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2017

REVISED: December 2025

## VENTILATORS

### Indications and limitations of coverage and medical appropriateness:

A ventilator is covered for the treatment of neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure resulting from chronic pulmonary disease. It includes both positive and negative types. Prior approval is required for a ventilator. A ventilator is not eligible for reimbursement for any of the conditions described in the CPAP or Bi-Pap policies, even though the ventilator equipment may have the capability of operating in a bi-level PAP (E0470, E0471) mode.

Mechanical ventilatory support may be provided to a member for the purpose of life support during therapeutic support of suboptimal cardiopulmonary function or therapeutic support of chronic ventilatory failure.

Home ventilator management may be covered on a case-by-case basis based on medical appropriateness, evidence-based medicine, and best health practices. An Ambu bag is included in the monthly ventilator rental reimbursement.

- A member is unable to be weaned from the ventilator or is unable to be weaned from use at night; **or**
- Alternate means of ventilation were used without success; **or**
- A member is ready for discharge and has been on a ventilator for more than 10 days; **or**
- A member has no respiratory drive either due to paralysis of the diaphragm or a central brain dysfunction; **or**
- A member has a stable, chronic condition with no orders to wean from the ventilator; **or**
- A member has had a trial with blood gases and has no signs or symptoms of shortness of breath or increased work of breathing; **or**
- A member has uncompromised lung disease; **or**
- A member has chronic lung disease where volume ventilation may further damage lung tissue; **or** A member has a compromised airway or musculature and has respiratory drive and a desire to breathe; **or**
- A member will eventually be weaned from the ventilator; **or**
- A member has compromised respiratory muscles from muscular dystrophies or increased resistance from airway anomalies or scoliosis conditions.



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### Payment includes:

- The durable medical equipment (DME) provider ensures that an appropriate and acceptable contingency plan to address emergency situations or mechanical failures of the primary ventilator is in place. This could mean that the provider furnishes a backup ventilator.
- Any equipment supplies, routine maintenance, and training necessary for the effective use of the ventilator.

### Documentation Requirements:

- Prescribing physician/practitioner note within 90 days of the SA requested start date.
- A prescription from the prescribing physician/practitioner.
- Physician documentation supporting the need and why the member is unable to be weaned off oxygen.

### Non-covered:

- Back-up ventilator.
- Ventilators used to provide CPAP or bi-level CPAP therapy.



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Date Revised	Revisions
March 2017	Established criteria as listed in the policy
December 12, 2023	Reviewed and reformatted. Added new logo. Added to Documentation Requirements section: 1. Prescribing physician/practitioner note within 90 days of SA requested start date. 2. A prescription from the prescribing physician/practitioner. Added to the coverage section - A ventilator is not eligible for reimbursement for any of the conditions described in the CPAP or Bi-Pap policies, even though the ventilator equipment may have the capability of operating in a bi-level PAP (E0470, E0471) mode. Added to the Non-Covered section - ventilators used to provide CPAP or bi-level CPAP therapy.
December 16, 2025	Reviewed and removed "CMN Required" from the header.