Back-up Ventilator
DME-004

Iowa Medicaid Program	Claims Pre-Pay	**Effective Date**	11/18/2013
Revision Number	5	**Last Reviewed**	04/18/2025
Reviewed By	Medicaid Medical Director	**Next Review**	04/17/2026
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	08/16/2017

Criteria

The member must meet **ONE** of the following criteria:

1. Respiratory assistive devices are covered when prescribed because the member's ability to breathe is severely impaired. Back-up ventilator can be approved for members who cannot maintain spontaneous ventilation; **OR**
2. Members who live in an area where a replacement ventilator cannot be provided within 2 hours; **OR**
3. Members who require mechanical ventilation during mobility as prescribed in their plan of care.

Coding

The following list of codes are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

HCPCS	Description
E0465	Home ventilator; any type; used with invasive interface; (e.g., tracheostomy tube).
E0466	Home ventilator; any type; used with non-invasive interface; (e.g. mask; chest shell).

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.

3. Medical technology is constantly evolving and Iowa Medicaid reserves the right to review and update medical policy on an annual or as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. Medical necessity guidelines are developed for selected physician administered medications found to be safe and proven to be effective in a limited, defined population or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

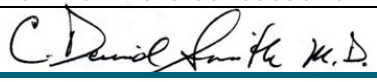
Iowa Administrative Code 441 Chapter 78.10(5)K.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]
Signature			

Change Date	Changed By	Description of Change	Version
04/18/2025	CAC	Criteria reimplemented. References updated.	5
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
07/15/2022	CAC	Criteria Archived.	n/a
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
07/16/2021	CAC	Annual review. Added Compliance section. Formatting updates.	4
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
07/17/2020	CAC	PA requirement removed.	3
Signature William (Bill) Jagiello, DO			

Change Date	Changed By	Description of Change	Version
07/15/2016	CAC	Criterion #1 regarding spontaneous ventilation, removed "for 4 or more consecutive hours".	2
Signature C. David Smith, MD			

Change Date	Changed By	Description of Change	Version
07/17/2015	CAC	Added last paragraph in References.	1
Signature			

CAC = Medicaid Clinical Advisory Committee