MULTI-FUNCTION VENTILATOR (E0467) CHECKLIST DURING PHE

Policies

- NCD 280.1 - Ventilators Covered for treatment of neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease. Includes both positive and negative pressure types. (See §240.5 of the NCD Manual).
- Oxygen and Oxygen Equipment LCD, L33797, Policy Article A52514
- Mechanical In-exsufflation Devices LCD, L33795, Policy Article A52510
- Suction Pump LCD, L33612, Policy Article A52519
- Nebulizer LCD, L33370, Policy Article A52466
- MLN SE20012, effective 04/03/20, provides guidance on billing E0467 as an upgrade with the beneficiary only meeting coverage requirements for the ventilator
- 2020-04-03-MLNC-SE indicates CMS has permanently suspended claims editing for multi-function ventilators when there are claims for separate devices in history that have not met their reasonable useful lifetime, effective 04/03/20

Documentation to support medical necessity of E0467 during PHE effective 04/03/20:

- Valid Standard Written Order (SWO)
- Documentation of medical necessity in the medical record
- Proof of Delivery

MEDICAL NECESSITY FOR VENT FUNCTION (REQUIRED FOR EVERY E0467)

Medical records must include:

☐ Documentation supporting the condition and need for a ventilator and at least one of the following: oxygen concentrator, cough stimulator, suction pump or nebulizer

DOCUMENTATION GUIDANCE:

☐ Clinical coverage criteria has been suspended, effective March 1, 2020, until the PHE has been lifted

☐ CMS has permanently suspended claims editing for multi-function ventilators when there are separate devices in history that have not met their reasonable useful lifetime (i.e., oxygen concentrator, cough stimulator, suction pump, nebulizer), effective April 3rd, 2020 however these separate devices cannot be billed simultaneously with E0467

☐ E0467 may be billed as an upgrade when the beneficiary only meets coverage criteria for a ventilator

BILLING GUIDANCE FOR UPGRADES OF E0467:

- ☐ Bill E0465 or E0466 with modifier GL (medically unnecessary upgrade provided instead of standard item, no charge, no ABN) when the supplier provides the upgrade and expects no additional payment
- ☐ Bill E0467 with modifier GA (waiver of liability statement on file) on line one, bill E0465 or E0466 with modifier GK (actual item/service ordered by physician, item associated with GA or GZ modifier) on line two
- ☐ Bill E0467 with modifier GZ (item or service expected to be denied as not reasonable or necessary) on line one, bill E0465 or E0466 with GK modifier (actual item/service ordered by physician, item associated with GA or GZ modifier) on line two

GENERAL DOCUMENTION REQUIREMENTS:

BENEFICIARY AUTHORIZATION ☐ YES ☐ NO

STANDARD WRITTEN ORDER (SWO) PRIOR TO CLAIM SUBMISSION (PIM 5.2.3)

- ☐ Beneficiary's Name or Medicare Beneficiary Identifier (MBI)
- ☐ Order Date
- ☐ Multi-function ventilator with description/brand/model including hcpcs;
- ☐ Treating Practitioner’s Name or National Provider Identifier (NPI)
- ☐ Treating Practitioner’s Signature
- ☐ Length of need – recommended but not required

PROOF OF DELIVERY (PIM 5.8)

- ☐ Beneficiary's name
- ☐ Delivery address
- ☐ Sufficiently detailed description to identify the item(s) being delivered (e.g., brand name, model, serial number)
- ☐ Quantity delivered
- ☐ Date delivered
- ☐ Beneficiary (or designee) signature if possible, however if it isn’t, indicate the reason why the signature wasn’t able to be captured including COVID-19 PHE
- ☐ Relationship to beneficiary if not signed by beneficiary, if applicable

RECOMMENDED BEST PRACTICES

- ☐ Obtain as much of the previously required documentation as possible (i.e., qualifying diagnosis based on the NCD, severity of disease and need for ventilator therapy)
- ☐ Track patients set up during the PHE in the event CMS offers additional guidance regarding coverage requirements following the PHE