Sentara® Health Plans

Commercial

# Second (Back up) Ventilator, DME 51

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| | |
|---|---|
| Effective Date | 06/2000 |
| Next Review Date | 2/2026 |
| Coverage Policy | DME 51 |
| Version | 8 |

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.**

## Description & Definitions:

**Second (Back up) Ventilator** is an apparatus used to move breath in and out of an individual's lungs that cannot do so unassisted.

**Other common names**: Second (Back up) Ventilator, additional or duplicate home ventilator device, a respirator, mechanical home ventilation(MHV), duplicate device, iron lung

## Criteria:

A **Second (Back up) Ventilator** in the home setting is considered medically necessary with **1 or more** of the following:

- The individual requires one type of ventilator (e.g., a negative pressure ventilator with a chest shell) for part of the day and needs a different type of ventilator (e.g., positivepressure ventilator with a nasal mask) during the rest of the day.
- The individual is confined to a wheelchair and requires a ventilator mounted on the wheelchair for use during the day and needs another ventilator of the same type for usewhile in bed. Without both pieces of equipment, the individual may be prone to certain medical complications, may not be able to achieve certain appropriate medicaloutcomes, or may not be able to use the medical equipment effectively.
- The individual is on a ventilator 12 hours or more continuously per day
- The individual lives in an area where a replacement ventilator cannot be provided within two (2) hours
- The individuals requires mechanical ventilation during mobility, as prescribed in their plan of care.

**Second (Back up) Ventilator** is considered **not medically necessary** for any use other than those indicated in clinical criteria.

## Document History:

Revised Dates:

- 2025: January – Procedure coding updated to align with changes in service authorization status.
- 2024: February
- 2019: November
- 2018: November

- 2015: July
- 2014: June, October
- 2013: June, August
- 2012: March, June
- 2011: September, October
- 2010: June, September
- 2008: June
- 2005: February, May
- 2004: November
- 2003: March, September

Reviewed Dates:

- 2025: February
- 2023: August
- 2022: August
- 2021: November
- 2020: October
- 2019: October
- 2018: September
- 2017: November
- 2016: July
- 2015: June
- 2011: June
- 2009: June
- 2007: December
- 2004: September, October
- 2003: January, August
- 2002: April, October
- 2001: June

Effective Date:

- June 2000

## Coding:

Medically necessary with criteria:

| Coding | Description |
|---|---|
| E0465 | Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) |
| E0466 | Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell) |
| E0467 | 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 |

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|---|---|
| E0468 | Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions |
| E0469 | Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device |

Considered Not Medically Necessary:

| Coding | Description |
|---|---|
| | None |

*The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

## Special Notes: *

- Coverage
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements
  - Pre-certification by the Plan is required.
- Special Notes:
  - Commercial
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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NCD: Durable Medical Equipment Reference List 280.1. (2023, 9). Retrieved 1 2025, from CMS - National Coverage Determination (NCD): https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=190&ncdver=3&bc=0

## Keywords:

SHP Second Ventilator, SHP Durable Medical Equipment 51, negative pressure ventilator, positive pressure ventilator