

## Second (Back up) Ventilator, DME 51

### Table of Content

[Description & Definitions](#)  
[Criteria](#)  
[Document History](#)  
[Coding](#)  
[Special Notes](#)  
[References](#)  
[Keywords](#)

[Effective Date](#) 06/2000  
[Next Review Date](#) 2/2026  
[Coverage Policy](#) DME 51  
[Version](#) 8

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*

### 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 use while in bed. Without both pieces of equipment, the individual may be prone to certain medical complications, may not be able to achieve certain appropriate medical outcomes, 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 individual 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:

- 2024: February – no changes references updated
- 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
- 2024: August – no changes references updated
- 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

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.*

### 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 Virginia Medicaid products.
- Authorization requirements
  - Pre-certification by the Plan is required.
- Special Notes:
  - Medicaid
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - 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.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

## 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).

(LCD) Respiratory Assist Devices L33800. (2024, 1). Retrieved 1 2025, from CMS Local Coverage Determination (LCD): <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcid=33800&ver=29&keyword=Respiratory%20Assist%20Devices&keywordType=starts&areaid=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

28th Edition. (2025). Retrieved 1 2025, from MCG: <https://careweb.careguidelines.com/ed28/index.html>

(2025). Retrieved 1 2025, from Hayes:  
[https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522ventilator%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B%](https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522ventilator%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B%2522)

(2025). Retrieved 1 2025, from Google search:  
[https://www.google.com/search?q=back+up+mechanical+ventilation&sca\\_esv=54ec906adffc8dca&source=hp&ei=M\\_OTZ6vbl-Os0PEPYr-X6QQ&iflsig=ACkRmUkAAAAAZ5QBQxgoQqX0GtS5Dd\\_CSRNWknlls3wP&ved=0ahUKEwjrwNfNII-LAxVjFiQIHcrfJU0Q4dUDCBA&uact=5&ogq=back+up+mechanical+vent](https://www.google.com/search?q=back+up+mechanical+ventilation&sca_esv=54ec906adffc8dca&source=hp&ei=M_OTZ6vbl-Os0PEPYr-X6QQ&iflsig=ACkRmUkAAAAAZ5QBQxgoQqX0GtS5Dd_CSRNWknlls3wP&ved=0ahUKEwjrwNfNII-LAxVjFiQIHcrfJU0Q4dUDCBA&uact=5&ogq=back+up+mechanical+vent)

Durable Medical Equipment (DME). (2024, 1). Retrieved 1 2025, from DMAS: <https://www.dmas.virginia.gov/providers/benefits-services-for-providers/long-term-care/services/durable-medical-equipment/>

Mechanical Home Ventilation Guidelines. (2025). Retrieved 1 2025, from Intensive Care At Home: <https://intensivecareathome.com/mechanical-home-ventilation-guidelines/#:~:text=If%20the%20duration%20of%20mechanical,take%20place%20under%20hospital%20conditions.>

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