

Ventilator Medical Necessity Review

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

Revenue center codes subject to review of a claim include the following:

- Ventilator dependent: 0419
- Ventilator weaning: 0410

The Ohio Administrative Code1 states that "ventilator dependent" means the use of any type of mechanical ventilation to sustain daily respiration for any part of the day and "ventilator weaning" means the gradual withdrawal of ventilator support. According to the Ohio Administrative Code1, to qualify as an ODM NF ventilator program provider and receive an enhanced payment rate for providing ventilator services or ventilator weaning services, a NF shall provide services in accordance with the Ohio Administrative Code.

1. For at least five hours per week, the services of an respiratory care professional (RCP) or the services of a registered nurse (RN) who has worked for a minimum of one year with ventilator dependent individuals. The RCP or the RN as applicable, shall provide direct care to the ventilator dependent individuals.
2. If ordered by a physician, initial assessments for physical therapy, occupational therapy, and speech therapy within forty-eight hours of receiving the order for a ventilator dependent individual.
3. If ordered by a physician, up to two hours of therapies per day, six days per week for each ventilator dependent individual.
4. In emergency situations as determined by a physician, access to laboratory services that are available twenty-four hours per day, seven days per week with a turnaround time of four hours.
5. For new admissions, administer pain medications to a ventilator dependent individual within two hours from the receipt of the physician order.

Molina Healthcare reimburses for ventilator dependent and ventilator weaning services that are billed for an individual member that are evidence based, medically necessary and in keeping with the Ohio Department of Medicaid regulations. In the event ventilator dependent and ventilator weaning guidance are not identified as part of the authorization review, Molina Healthcare will review impacted claims at the time of receipt.

- If a claim does meet ventilator dependent and ventilator weaning guidance, providers will not be required to submit additional documentation

Claims that do not meet ventilator dependent and ventilator weaning guidance, will require the member's clinical records to verify compliance with relevant Ohio regulation for their provider type and payment.

- Required Documentation includes:
 - The type of mechanical ventilation used
 - The number of hours per day mechanical ventilation was utilized for each date of service billed under revenue code 0419 and 0410.
 - Clinical documentation to support that direct care was provided to the ventilator dependent individual by a

Respiratory Care Professional, or Registered Nurse (RN) who has worked for a minimum of one year with ventilator dependent individuals, for a minimum of five hours per week for dates of service billed under revenue code 0419 and 0410.

Supplemental Information

Definitions

Term	Definitions
Ventilator dependent	means the use of any type of mechanical ventilation to sustain daily respiration for any part of the day.
Ventilator weaning	means the gradual withdrawal of ventilator support.
Respiratory care professional	means a person who is licensed under this chapter to practice the full range of services described in division (A) of this section (see "Respiratory care")
Respiratory care	means rendering or offering to render to individuals, groups, organizations, or the public any service involving the evaluation of cardiopulmonary function, the treatment of cardiopulmonary impairment, the assessment of treatment effectiveness, and the care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. The practice of respiratory care includes: <ol style="list-style-type: none">1. Obtaining, analyzing, testing, measuring, and monitoring blood and gas samples in the determination of cardiopulmonary parameters and related physiologic data, including flows, pressures, and volumes, and the use of equipment employed for this purpose.2. Administering, monitoring, recording the results of, and instructing in the use of medical gases, aerosols, and bronchopulmonary hygiene techniques, including drainage, aspiration, and sampling, and applying, maintaining, and instructing in the use of artificial airways, ventilators, and other life support equipment employed in the treatment of cardiopulmonary impairment and provided in collaboration with other licensed health care professionals responsible for providing care;

Documentation History

Type	Date	Action
Effective Date	04/01/2025	New Policy

References

This policy was developed using:

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
Ohio Laws & Administrative Rules, Rule 5160-3-18	Rule 5160-3-18
Nursing Facilities (NFs): ventilator program	
Ohio Laws & Administrative Rules, Section	Section 4761.01

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.