Ohio Ventilator Reimbursement Policy - (PI-87)

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

Enhanced ventilator payments are only to be made to nursing facilities that are certified by the Ohio Department of Medicaid to participate in the ODM NF Ventilator Program and have met all of the criteria in accordance with the Ohio Administrative code to do so.

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

- Ventilator dependent: 0419
- Ventilator weaning: 0410

In alignment with OAC Rule 5160-3-18, respiratory support for the sole diagnosis of sleep apnea by any non-invasive ventilation device is not eligible for reimbursement using 0419 and 0410. This includes continuous positive airway pressure (cpap) and bilevel positive airway (bipap) devices- regardless of their settings, alarms, or additional functions.[1]

Reimbursement Guidelines

Molina Healthcare or its designee conducts clinical validation reviews both pre-payment and post payment to ensure that claims reflect the services provided to members and that billing and reimbursement are accurate and compliant with federal and state regulations, as well as applicable standards, rules, laws, policies, and contract provisions.

Providers must include supporting documentation at the time of claim submissions containing revenue codes 0419 and 0410.

Documentation should include at minimum the following:

- 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.
- NFs are responsible for billing Diagnosis Code Z99.11 to indicate if the individual is vent dependent along with the underlying diagnosis codes which relate to the individual's vent dependency.
- Ventilator dependency should be documented with a respiratory assessment and physician order.
- Respiratory or nursing care flow sheets or other documentation indicating delivery of ventilator-related services.

Based on Molina's review of the claim and supporting documentation, as applicable, reimbursement may be adjusted when the billed revenue code or enhanced ventilator rate is not supported. Actions may include:

- Revenue codes 0419 or 0410 may be adjusted to the revenue code supported by the documentation
- If required documentation is not submitted with the claim, the claim may be paid at the applicable non-enhanced rate

Supplemental Information

Definitions:
Ventilator Dependent- "Ventilator dependent" means individuals who cannot breathe adequately on their own and therefore require ventilation. Cessation of the ventilator would result in serious harm or death. "Ventilator dependent" does not include CPAP or BiPAP use (regardless of device settings, alarms, or additional functions). [2]

Weaning - "Weaning" may be continuous or intermittent and may occur over a period of days or weeks. All days (up to a maximum of 90 days per calendar year) during the weaning process are covered at the weaning rate including those days the person is not using the ventilator during the weaning process.[2]

See Appendix A (Nursing Facility Transmittal Letter (NFTL) No. 2026-01)[2]

Documentation History

Type	Date	Action
Effective Date	9/2/2026	New Policy

Reference	Link
[1] Ohio Department of Medicaid Fact Sheet:	ODM Fact Sheet: Nursing Facility (NF)

Nursing Facility (NF) Ventilator	Ventilator
[2]Ohio Nursing Facility Transmittal Letter (NFTL) No. 2026-01	ODM NFTL No. 2026-01
[3]Ohio Revised Code, Section 4761.01 Respiratory Care Definitions	ORC 4761.01
[4]Ohio Laws & Administrative Rules, Rule 5160-3-18 Nursing Facilities (NFs): ventilator program	OAC Rule 5160-3-18

***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 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.

Appendix A:

Nursing Facility Transmittal Letter (NFTL) No. 2026-01 DATE: April 10, 2026

TO: **Nursing Facilities (NFs) Participating in the NF Ventilator Program Managed Care Organizations (MCOs)**
FROM: **Scott Partika, Director**
SUBJECT: **NF Ventilator Program Guidance**

Ohio Administrative Code 5160-3-18 provides the requirements for NFs to participate in the NF Ventilator Program. This NFTL is being issued as a result of recent questions regarding certain NF ventilator program requirements. This advisory clarifies the current requirements in question for providers participating in the NF ventilator program to ensure consistent and successful implementation of the program. The following tables are provided as a guide to the interpretation of certain requirements. This is not an all-inclusive list of all ventilator program requirements in Ohio Administrative Code 5160-3-18.

NF Vent Services Requirements at Issue

Rule Reference	Requirement	ODM Interpretation
5160-3-18(B)(8)	"Ventilator dependent" means the use of any type of mechanical ventilation to sustain daily respiration for any part of the day.	"Ventilator dependent" means individuals who cannot breathe adequately on their own and therefore require ventilation. Cessation of the ventilator would result in serious harm or death. "Ventilator dependent" does not include CPAP or BiPAP use.
5160-3-18(B)(10); 5160-3-18(F)(1)(a)	"Ventilator weaning services" means the services provided to support the individual resident's ventilator weaning and includes a post ventilator	Weaning may be continuous or intermittent and may occur over a period of days or weeks. All days (up to a maximum of 90 days per calendar year) during

50 W. Town Street, Suite 400
Columbus, Ohio 43215

	weaning evaluation period of up to 14 days.	the weaning process are covered at the weaning rate even those days the person is not using the ventilator during the weaning process.
5160-3-18(C)(2)	To qualify as an ODM NF ventilator program provider and receive an enhanced payment rate for providing ventilator services, a NF shall provide services to individuals who are ventilator dependent and have Medicaid as their primary payer.	A NF may not bill the enhanced ventilator rate for an individual who is not ventilator dependent, except for weaning services, as described above.
5160-3-18(C)(6)	To qualify as a NF ventilator program provider and receive an enhanced payment rate for providing ventilator services, the provider must have ventilators connected to emergency outlets, which are connected to an on-site backup generator in an amount sufficient to meet the needs of the ventilator dependent individuals.	In the absence of electrical power, ventilators will be powered sufficiently to meet the needs of ventilator dependent individuals through the use of a backup generator.
5160-3-18(C)(8)(a) See also Rule Summary and Fiscal Analysis filed October 16, 2020 (page 5)	For at least 5 hours per week, the services of an RCP or 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.	The 5 hours per week requirement is per "discrete unit" (see OAC rule 5160-3-18), not per individual. An RN who has worked for a minimum of one year with ventilator dependent individuals or an RCP may satisfy this requirement. Direct care indicates that the staff is caring for the ventilator dependent individuals in the

		unit, not just supervising other staff.
5160-3-18(E)(2)	NFs that are approved to participate in the NF vent program who provide ventilator weaning services must have a ventilator weaning protocol established by a physician trained in pulmonary medicine who is available by phone 24 hours per day, 7 days per week while ventilator weaning services are provided.	A physician trained in pulmonary medicine must establish a written weaning protocol and be available by telephone 24 hours per day, 7 days per week while weaning services are provided.
5160-3-18(H)	ODM NF ventilator program providers shall submit ODM 10228 to ODM on a calendar quarter basis. The quarterly report is due to ODM by day 25 of the month after the reporting period end date.	Quarterly reports are no longer required in anticipation of the new rule, which will do away with these reports.

Other Issues

Citation	Requirement	ODM Interpretation
N/A	Documentation to support an individual is ventilator dependent	Ventilator dependency should be documented with a respiratory assessment and physician order. Respiratory or nursing care flow sheets or other documentation indicating delivery of ventilator related services are expected. Diagnoses on record for the individual should support their ventilator dependency (not limited to Z99.11, which is for billing).

N/A	Prior authorization for ventilator services	This is not an ODM requirement but managed care plans may do so in accordance with their provider contracts.
N/A	Z99.11 Code billing	This code should be used for billing ventilator-dependent services. It should not be used to bill for CPAP and BiPAP.
42 CFR 440.185	Requirements for home-based ventilator care	Not applicable to ODM's NF ventilator program. This provision applies to services not available under Medicaid that are provided in a beneficiary's home.

MCO Audits

To the extent MCOs have conducted audits and identified overpayments inconsistent with the policy clarifications identified in this NFTL, MCOs should revise their past and current audit findings accordingly.

Effective Dates

Please note that this policy clarification applies to the version of OAC 5160-3-18 currently in effect as of the date of this NFTL. ODM has recently undertaken an effort to revise this administrative code provision and will follow the formal rule- making process to solicit stakeholder feedback on the proposed changes. Upon the effective date of the revised administrative code provision, this guidance document will be obsolete as it pertains to the revised rule and MCO audits pursuant to the revised rule requirements.

Questions

Please direct any questions concerning this guidance document to NFPolicy@medicaid.ohio.gov.