

	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 12/9/2025
	Subject: Coverage criteria for home ventilators

Home Ventilators Coverage Criteria

1. Purpose

This policy outlines the coverage criteria for invasive and non-invasive home ventilators (HCPCS codes E0465, E0466, and E0467).

2. Initial Coverage Criteria

To be eligible for coverage of an invasive or non-invasive home ventilator, the following criteria must be met:

- Provider notes must clearly detail the member's diagnosis requiring a ventilator. Applicable diagnoses may include, but are not limited to:
 - Progressive neuromuscular diseases
 - Thoracic restrictive disorders
 - Cardiac conditions
 - COPD
 - Upper airway disorders
 - Other causes of respiratory failure
- The provider must document why less costly alternatives are not appropriate, including:
 - Simple oxygen therapy
 - Maximum medical management
 - Other respiratory assistive devices
- This documentation should explain alternatives that were tried and failed, or
 - They are clinically inappropriate for the member's condition, or
 - Another specific reason exists why this option will not meet the members' needs.
 - Clinical notes must include objective data supporting the need for home ventilation, such as: Arterial blood gas (ABG) results
 - Pulmonary function test (PFTs)
 - Oximetry results
 - Sleep study interpretations
 - Relevant laboratory findings
 - Diagnostic imaging

Note: Authorization is not solely based on fixed lab thresholds. The ordering provider's clinical judgment, supported by objective data, will determine medical necessity.

- The original prescription and Detailed Written Order (DWO) must be submitted, including estimated length of need (this may be indefinite).
- Expected hours of use per day.
- Prescribed ventilator settings.

Note: A prescription that does not include this information will not be sufficient.

3. Authorizations After Initial Approval

To obtain continued authorization, the following criteria must be met.

- Prescribers shall determine the frequency of follow-up assessments. Providers must document all updated orders and/or information regarding treatment in the medical record.
- Providers are reminded, in accordance with 42 CFR 440.70, that the need for medical supplies, equipment, and appliances should be identified by the prescriber and reviewed at least annually.
- Face-to-face assessments of the patient by the prescriber can be performed using telemedicine. Telemedicine guidance is available in the General Information for Providers Manual.

4. Documentation of Continued Use Requirements

- In addition to documentation supporting the initial provision of the ventilator, the member's medical record must contain information to support that the item continues to remain reasonable and necessary.
- Documentation must be timely and correspond to the date of service under review.

Acceptable Documentation for Continued Medical Necessity includes:

- A recent order or prescription change by the treating physician/practitioner, including refills;
- Timely documentation in the member's medical record showing usage of the item.

Supplier Responsibilities:

- Suppliers are responsible for monitoring utilization.
- Suppliers must discontinue billing Montana Healthcare Programs if the member is no longer using a ventilator.

Acceptable Supplier Documentation of Continued Use includes:

- Any of the following may serve as documentation that an item submitted for reimbursement continues to be used by the members:

- Timely documentation in the member's medical record showing usage of the item.
- Supplier records such as compliance logs or service plans.
- Supplier records documenting member confirmation of continued use.

5. Quantity Limits

When prior authorization is obtained, Montana Healthcare Programs will reimburse a second medically necessary home ventilator.

- Providers should report two lines of E0465 and append modifier U2 to the second line for proper processing.
- If the U2 modifier is not included, the second line will be denied.

6. Authorization Requirements

Prior authorization is required. Providers must include the prior authorization number on all claims. Claims submitted without prior authorization will be denied.

[Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.](#)

7. Reimbursement

Reimbursement will be made in accordance with [ARM 37.86.1807](#). Providers must refer to the Durable Medical Equipment Fee schedule for applicable rates.

Note: Ventilators are not subject to the 13-month rental period. Ventilators are reimbursed for rental only.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.