

Criteria Checklist
Alabama Medicaid Agency
Pressure Ventilator, Volume Ventilator – Stationary/Portable
Children under the age of 21 and EPSDT eligible

PREREQUISITE CRITERIA *All of the following **must** be met with supporting documentation*:*

- Patient is Medicaid eligible
- Patient has a current EPSDT screening
- Medically dependent on ventilator for life support at least six hours per day
- Patient has been dependent on ventilator for life support at least 30 consecutive days and medical documentation* from the patient's primary physician indicates long term dependency on ventilator support
- Without ventilator equipment, the patient would require respiratory care as an inpatient in a hospital, NF or ICF/IID and would be eligible to have payment made for inpatient care under the state plan
- Patient has social supports to remain in-home and desires to remain in-home
- Patient receives treatment from a physician who is familiar with technical and medical components of home vent support
- Patient's physician has determined in-home care is safe and feasible without continuous technical or professional supervision

ADDITIONAL CRITERIA *The patient must have **at least one** of the following documented* conditions:*

- Chronic respiratory failure
- Spinal cord injury
- Chronic pulmonary disorders
- Neuromuscular disorders
- Other neurological disorders and thoracic restrictive disease

DIAGNOSIS CODES

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

PROCEDURE CODES

E0465, E0466, E0550

Maximum yearly limits apply to each of the procedure codes indicated above.

**Documentation may include notes from the patient chart.*