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.*