

Date: 03/04/10

Web Announcement 314

Provider Type 33: Attention Suppliers of Pressure Support Ventilators

As a result of a fiscal audit and the implementation of clinical claim editor, it was necessary for the Division of Health Care Financing and Policy (DHCFP) to change the reimbursement method for HCPCS code E0463 (Pressure support ventilator with volume control mode).

Historically, the single rate of \$2,800 included compensation for two units (the one in use and a back-up), and the provider billed 1 unit/mo. Effective for dates of service on or after June 1, 2009, the reimbursement rate for procedure code E0463 is \$1,476.70 per unit.

Prior Authorization: Providers who deliver one ventilator will continue to submit a prior authorization (PA) for one unit. Providers who deliver a ventilator and a back-up ventilator will now need to obtain a prior authorization for 2 units (1 unit for each ventilator).

Providers with a date of service on or after June 1, 2009, who supplied a ventilator with a back-up unit in the recipient's home (2 units on-site) and have a prior authorization for 1 unit are instructed to resubmit the PA to request the additional unit. These requests will be processed retroactively when determined to be medically necessary.

Billing: When billing 1 or 2 units (one in use and one back-up on-site), providers bill for the number of unit(s) provided on one claim line using their usual and customary rate.

Providers who previously billed for 1 unit with dates of service on or after June 1, 2009, and now have an approved retro PA for the back-up ventilator will need to submit a new claim indicating 2 units. Please submit these claims on paper to the address below with a request that they be special batched and include a copy of this Web Announcement. These claims will deny as duplicates if submitted any other way. First Health Services will void the original paid claim and process the new claim.

First Health Services
Attn: Customer Service
P.O. Box 30042
Reno NV 89520-3042

The Medicaid Management Information System (MMIS) is being updated to allow the billing of 2 units for procedure code E0463. Claims submitted correctly for procedure code E0463 with dates of service on or after June 1, 2009, that denied as a duplicate will be reprocessed to pay correctly at a future date to be determined.

The next revision of the [DMEPOS Fee Schedule](#) will reflect these changes.