



PROVIDER COMPLIANCE TIPS FOR VENTILATORS



PROVIDER TYPES AFFECTED

Physicians and other Non-Physician Practitioners (NPPs) who write prescriptions for ventilators and Durable Medical Equipment (DME) Providers and Suppliers billing for ventilators

BACKGROUND

The Medicare Fee-For-Service (FFS) improper payment rate for ventilators for the 2018 reporting period was 29.6 percent, representing a projected improper payment amount of more than \$91.3 million.¹

¹ 2018 Medicare Fee-for-Service Supplemental Improper Payment Data

REASONS FOR DENIALS

For the 2018 reporting period, insufficient documentation errors accounted for 70.3 percent of improper payments for ventilators. Additional error types for ventilator claims were other (21.9 percent), no documentation (4.1 percent), and medical necessity (3.7 percent).¹

TO PREVENT DENIALS

Ventilators are covered for the following conditions:

- Neuromuscular disease.
- Thoracic restrictive disease.
- Chronic respiratory failure consequent to chronic obstructive pulmonary disease. Includes both positive and negative pressure types.²

The Durable Medical Equipment, Prosthetic, and Orthotic Supplies (DMEPOS) supplier is required to keep a physician prescription (order) on file. A supplier must have an order from the treating physician before dispensing any DMEPOS item to a beneficiary.³

The written order must be sufficiently detailed, including all options or additional features that will be separately billed or that will require an upgraded code.³

The description can be either a narrative description (for example, lightweight wheelchair base) or a brand name/model number.³

All orders must clearly specify the start date of the order.³

If the written order is for supplies that will be provided on a periodic basis, the written order should include appropriate information on the quantity used, frequency of change, and duration of need.³

The supplier must have a detailed written order prior to submitting a claim.³

If the supplier does not have an order that has been both signed and dated by the treating physician before billing the Medicare Program, the item will be denied as not reasonable and necessary.³

¹ [2018 Medicare Fee-for-Service Supplemental Improper Payment Data](#)

² [National Coverage Determination \(NCD\) for Durable Medical Equipment \(DME\) Reference List \(280.1\)](#)

³ [Medicare Program Integrity Manual Chapter 5 - Items and Services Having Special DME Review Considerations \(5.2.3 - Detailed Written Orders\)](#)

RESOURCES

FOR MORE INFORMATION ABOUT...	RESOURCE
2018 Medicare Fee-for-Service Supplemental Improper Payment Data	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/Downloads/2018MedicareFFSSupplementalImproperPaymentData.pdf
National Coverage Determination (NCD) for Durable Medical Equipment (DME) Reference List (280.1)	https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?&NCDId=190&ncdver=1&NCDsect=280.1&bc=BEAAAAAAQA-AAA==&
Medicare Program Integrity Manual Chapter 5 - Items and Services Having Special DME Review Considerations (5.2.3 - Detailed Written Orders)	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019033.html

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