

Renting your vent? What would you do if you suddenly owned it?

Alan Fiala, Falls Church, Virginia, fialaalan@earthlink.net

IVUN: You have discovered some serious complications that arise from owning your own vent. Before we discuss this, tell us what vents you own and how you came to own them.

FIALA: I own two vents: I own a PLV®-100, made by LIFECARE, now Respironics, and an LTV®800 made by Pulmonetic Systems, that were paid for largely under my primary health insurance. As a federal employee, my primary health coverage is obtained through the Federal Employees Health Benefit (FEHB) program.

I started using a vent for sleeping in January 1985, after respiratory failure that was the most serious of some late effects of polio. The insurance company I had at that time rented several types of equipment for several years from LIFECARE, which provided both the equipment and home healthcare service. Renting has a number of serv-

ice advantages, primarily the ability to change models of vent, and is currently the standard for most vent users.

At some point, my insurance company decided it was most cost-effective to buy my PLV®-100 rather than pay the monthly rental fee, which falls under the category of durable medical equipment that needs “frequent and substantial service.” Maintenance and Respiratory Care Practitioner (RCP) services were left up to me.

Around 2002 I acquired the second ventilator for updated technology, a backup, and convenience in travel, especially international air travel.

IVUN: What new considerations came with ownership?

FIALA: With ownership, I was particularly concerned about maintenance. LIFECARE offered a full coverage maintenance package with the PLV®-100 that Respironics has continued but no longer offers to new owners. For a fixed monthly fee, I get annual preventive maintenance plus a guarantee to fix any problems at no additional cost, even total destruction, as long as the pieces are retrievable, with a replacement loaner within 24 hours in the US. They also sell me masks and accessory pieces.

I could claim the monthly maintenance fee under durable medical equipment, but my insurance policy has a lifetime dollar limit, and I didn't want to exhaust it for this, so I have been paying it myself.

When I purchased the LTV®800 through a local home healthcare company, I asked about maintenance. I was assured by the Pulmonetic representative that if there was any

Alan's Breathing and Ventilator History

Alan Fiala had polio in 1952 at age nine and was hospitalized for three months. It affected his mobility, caused severe kyphoscoliosis, but he was never in an iron lung. He traveled extensively during a 40-year career as an astronomer, but is now retired and travels less.

In January 1985 he was hospitalized for one week with respiratory failure. The hospital, through its respiratory services department, arranged for the ventilators and home care service. Alan's breathing problems started as early as 1983 following a spinal fusion in 1981.

Use of rental ventilators allowed for trial of different types and models. First was a negative pressure chest cuirass for a few weeks, then the Pulmowrap for about a year, neither of which worked well enough. He moved to a positive pressure volume vent, the PLV®-100. For about five years, he used the PLV®-100 with oxygen, but from information gained at post-polio conferences and reading IVUN literature, he discontinued oxygen. He also follows the latest developments in nasal interfaces through these resources.

problem, I had only to ship it to the plant in California, and they would send a loaner to me at the same time. Unfortunately, this was never rendered in writing, and the company is now part of VIASYS, recently bought by Cardinal Health.

IVUN: What is the nature of the problem now and when did it first arise?

FIALA: The problem for me is getting service for the LTV®800, but it might be broader and extend to other manufacturers and their products. (See page 7.) In December 2004, I learned second-hand from Post-Polio Health International that my vent was included in a recall, but I didn't follow up on it. Neither the home healthcare company nor Pulmonetic Systems contacted me. They did not consider me to be a customer because I owned the vent and was not paying a monthly fee.

In October 2005, the LTV failed and I began a quest to get it repaired. The home healthcare company was no longer dealing with vents, and since I had not followed up on the recall, I contacted Pulmonetic's technical support directly. The representative told me that they would not accept the unit from me as an individual, because they only provide equipment and services through home healthcare companies.

I was then referred to several regional and area representatives of Pulmonetic Systems who felt no obligation to me as a customer, even when I pointed out that if I hadn't had a backup, I would have been hospitalized. The most common explanation was the soon-to-recur assertion that they were not set up to deal with individuals

for reasons of "regulatory issues" and "liability." I was also warned that the unit was out of warranty, and I'd have to pay for repairs. When I asked for local companies that handled LTVs, I was referred to the same home healthcare company that no longer provided vent service!

I contacted the Pulmonetic senior clinical advisor, who helped me get service on my unit and a loaner. She also helped me get a letter of agreement to guarantee repairs for a fee on my ventilator for three years with a warranty for the first year. Getting a loaner delayed the process by over a week, because it took that long for them to find one in their network, the LTV®800 being their least-used model.

When these arrangements were finally agreed upon, their representative picked up my vent in person. From him I learned that I was considered a real oddball for owning my vent, and that less than five percent of vent users are in this situation. Most of their business is with a person who within a short time either recovers and no longer needs a vent, or dies. He said that the company tech should have accepted my unit based on the recall, that the home healthcare company is obligated to continue service for any vent it sells, and assured me I wouldn't have to pay for the portion of the service required by the recall.

IVUN: You now have agreements with both Respironics and Pulmonetic Systems. Are your problems solved?

FIALA: No. First, I have no ready access to a respiratory care practitioner (RCP). When I need a new mask that is different from a previous one, it is

continued, page 6

very helpful to have a trained person to pick the size and make adjustments, and provide any pieces of circuit or connectors needed.

Second, the agreement for the LTV®800 is very limited, and I am still concerned about repairs or a backup when I travel, especially out of the country. That was a primary reason for purchasing the LTV – it is lighter, has fewer moving parts, and has dual voltage capability. Under my service contract with Respironics, they will assist me in the US. If I travel abroad and need a PLV®-100 with a different voltage, they have international offices that can provide a rental unit, given enough lead time. I have taken advantage of that in at least four countries.

IVUN: Do you see any solution to either problem?

FIALA: Not yet. My pulmonologist, Brian Turrisi, MD, suggests asking another home healthcare company if they will provide occasional consultations with an RCP, but warns that their focus on authorization by a physician and payment by an insurer may be an obstacle.

I am still working on the maintenance and repair issue. Pulmonetic Systems has suggested that I subcontract with a third party and implied that their vents are so reliable that it is not profitable to maintain a repair facility. My understanding is that the monthly fee the home health companies charge is for the guarantee of a working ventilator 24 hours a day (because many people who use volume vents use them as life support), plus services of an RCP as needed.

I contacted two private companies listed in IVUN's *Resource Directory for Ventilator-Assisted Living*. The conversations were similar. Neither had ever been contacted by an individual vent owner. Both wanted to know why Pulmonetic Systems would not offer service to me directly, and both expressed concern at the "liability" defense. Hence they were initially uncertain whether their insurers would permit dealing with me either. One company subsequently agreed to accept my unit for service if needed, and gave me the fee schedule and contact information. The other company has withheld a decision pending their becoming an authorized Pulmonetic repair facility.

My advice to others who are forced to become owners of their vents and have to search for service: be prepared to offer to pay the cost yourself up front if you need immediate service. If you think you have insurance coverage, then try to get reimbursement from your health insurance company afterwards. Also, have a backup unit available through separate arrangements. Make all these arrangements and contacts before you have an emergency.

My medical insurer made the decision to buy my vents, not me. Insurance carriers in general – liability for providers, payment for users – seem to affect provision of services. For a long-term user of a ventilator, ownership is far more economical than rental for whomever is paying. However, technical support should be just as easily available to an owner as it is to a renter. The original manufacturer should be ultimately responsible for seeing that it is. ▲

Ownership Policies of Manufacturers

IVUN contacted the following manufacturers to ask whether individuals could deal directly with them in buying and maintaining a ventilator. These ventilators are in the Medicare reimbursement category of frequent and substantial servicing (FSS).

Impact Instrumentation provides for individual ownership and maintenance agreements for the Uni-Vent® Eagle™ 754. www.impactii.com

Newport Medical Instruments reports that they have a procedure in place for providing technical service to individuals who own the HT50®. www.ventilators.com

Pulmonetic Systems, Inc., a division of VIASYS Healthcare Inc., only deals with durable medical equipment companies, not individuals, for sales and maintenance of the LTV® series. www.pulmonetic.com

Puritan Bennett's technical support department stated that they only deal through durable medical equipment companies. Individuals cannot buy their own Achieva® or LP10 and obtain a maintenance agreement. www.puritanbennett.com

Respironics Inc. does not repair its PLV®-100, 102 & 102b directly for ventilator users. Individuals are referred to the homecare company from which they purchased it initially. If a homecare dealer cannot or will not assist, Respironics Colorado may be able to help individuals depending on their insurance coverage. www.respironics.com

VersaMed does not sell the iVent201® to individuals, but only deals through a durable medical equipment company. www.versamed.com

VIASYS Healthcare's technical support department for Bird Products stated that individuals can own the TBird® Legacy and obtain a maintenance agreement. www.viasyshealthcare.com

What about the new policy on bilevel devices, such as ResMed's VPAP® Series or Respironics' BiPAP® units?

These bilevel units are considered "respiratory assist devices" or RADS by Medicare and are now in the capped rental reimbursement category. This means that after 13 months, ownership of the bilevel unit transfers from the durable medical equipment company to the vent user. (See *Ventilator-Assisted Living*, Vol. 21, No. 1, pages 4-5, UPDATE: *Medicare Reimbursement Changes Affect Vent Users.*)

How do the new "owners" obtain maintenance and repairs for RADS?

Diana Guth, (diana@hrcsleep.com) owner of Home Respiratory Care, Los Angeles, California, advises the following. "A durable medical equipment company will send the device to the manufacturer for repair. Medicare will usually pay for the repair and rent another device for a month during the repair period. The exact wording is 'If the expense for repairs exceeds the estimated expense of purchasing or renting another item of equipment for the remaining period of medical need, no payment can be made for the amount of the excess. Repairs of rented equipment are not covered.'"

For complete details, check out: www.cms.hhs.gov/MLNMattersArticles/downloads/MM5461.pdf and www.noridianmedicare.com/dme/ 9

Rosie's Story

Rose Marie Benecke, Wildwood, Missouri, eromni@aol.com, user of a PLV®-100 for 17 years, due to childhood polio, owned her ventilator, because her insurance company chose to buy it. After retirement, her insurance was transferred to Medicare.

In early 2007, her physician advised her to rest using the vent a couple of times a day for an hour, with a mouthpiece instead of the mask she wears at night. Because she owned her vent, she was not connected with a healthcare company and contacted Medicare directly. Medicare refused to pay for the mouthpiece, because according to their records she didn't have a ventilator. She paid for the mouthpiece out-of-pocket.

Concerned about the situation, she discussed it with her physician, who wrote a prescription for a new ventilator, the LTV®800. Benecke likes her new vent although it took awhile to get used to the different sound. Currently, she is using a nasal mask made by Healthdyne Technologies (1990) that she found in the box of old interfaces and tubing she stockpiles under her bed.

This ventilator is reimbursed by Medicare under the frequent and substantial servicing (FSS) category, with monthly rental payments going to her home healthcare company, which is required to provide periodic monitoring of the equipment and settings, a promise of a functioning machine at all times, and assistance with obtaining accessories. The payment will continue as long as she medically needs the vent.