Advocacy

UPDATE: Medicare Reimbursement Changes Affect Vent Users

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The changes

In January 2006, the Centers for Medicare and Medicaid Services (CMS) ruled that bilevel ventilators (renamed respiratory assist devices or RADs by CMS) with backup rates would no longer be classified as durable medical equipment (DME) requiring frequent and substantial servicing (FSS).

This ruling, along with a provision of the Deficit Reduction Act of 2005, meant that Medicare payments would end after 13 months, with the initial ruling start date of April 1, 2006. Ownership of the device would be transferred from the DME provider to the user.

If you used a bilevel device with backup rate before April 1, 2006, the clock started ticking April 1, 2006. You will be sent documentation transferring the ownership of the device to you on your anniversary date in May 2007.

Medicare will pay for repairs, but routine periodic servicing of the equipment is the responsibility of the beneficiary, namely you. Replacement of the equipment is according to "the reasonable useful lifetime of durable medical equipment" determined through "program instructions." In the absence of such instructions, the lifetime cannot be less than five years.

The changes in reimbursement may also result in a loss of accompanying respiratory care services from the DME company – such as regular visits to assess your condition, inspect the ventilator, and adjust the ventilator settings – because the DMEs will not be able to absorb the costs.

Depending on the results of the new competitive bidding program also recently proposed by CMS, several service issues may change and also result in wide regional variability.

Who is affected?

Medicare beneficiaries who use bilevel ventilatory equipment with backup rates, e.g. users of:

- BiPAP® S/T (Respironics, Inc.)
- BiPAP® Synchrony (Respironics, Inc.)
- VPAP® III ST (ResMed Corp.)
- VPAP® III ST-A (ResMed Corp.)
- KnightStar® 330 (Puritan Bennett)

Options for you

Pay privately for respiratory care services through your DME company. (The cost may range up to $100 for an hourly visit.)

If not an emergency situation, call or go to your physician's office. However, some physicians may not be as familiar with adjusting the settings on the equipment as are the respiratory therapists from the DME companies.

If an emergency situation arises, go to an emergency room. However, you should always be prepared, through careful advance decision-making, to advise the ER personnel about your ventilatory wishes. Do you want to receive invasive ventilation through an endotracheal tube or a tracheostomy? Do you want to continue receiving noninvasive ventilation? You also need to be prepared with medical information to resist the provision of oxygen therapy instead of assisted ventilation, which may be harmful.

Medicare states, "The overall clinical care of a beneficiary who receives DME is the responsibility of the beneficiary's treating physician." Discuss with your physician changing the ventilator prescription to a volume or pressure support ventilator. Volume and pressure support ventilators are in a DME category that calls for frequent and substantial servicing (FSS). Medicare's monthly reimbursement for this will enable the DME companies to provide the respiratory care services you need. CMS will no doubt keep a very close eye on sudden shifts to new equipment unless there is clear physician documentation and demonstration of a change in medical status and medical necessity.

What you can do NOW!

Contact your Senator or Congressperson to explain the situation and ask them to initiate legislation to change this potentially harmful ruling.

Under the leadership of Peter Gay, MD, pulmonary physicians with the National Association for the Medical Direction of Respiratory Care (NAMDRC) have already begun to advocate for legislative action to change this seemingly capricious and arbitrary ruling by CMS. ▲

For background ...

www.post-polio.org/ivun/VAL_20-1p2.pdf (*Ventilator-Assisted Living,* Spring 2006, Vol. 20, No. 1)

https://www.noridianmedicare.com/dme/news/manual/chapter5.html#po

From Around the Network

EQUIPMENT AND INTERFACES

Puritan Bennett discontinued the **LP10** ventilator in November 2006. In a statement, PB pledged to " ... use all reasonable efforts to continue to provide LP10 ventilator parts, technical support and factory service to our customers through October 31, 2011. However, certain key components may not be available for the durations of the service period." The **KnightStar®330**, PB's bilevel unit which was discontinued in February 2006, will continue to be supported until 2009 "... subject to parts availability." (www.puritanbennett.com)

Respironics, Inc. "continues to sell **PLV®-100** and **PLV®-102b** portable ventilators. Durability, ease of use and reliability are all hallmarks of these longstanding Respironics products. We are committed to servicing and supporting all existing and future **PLV®-100** and **PLV®-102b** ventilators sales. A firm release date for the **PLV® Continuum™** has not been established at this time." (www.respironics.com)

Nasal Pillow Interfaces. New from **Respironics, Inc.** (www.respironics.com), **OptiLife™** comes with four sizes of pillow cushions. New headgear has an integrated chin support. **Opus™**, new from **Fisher & Paykel Healthcare Inc.** (www.fphcare.com), comes with three sizes of silicone nasal prongs. Tubing can be directed over the head or along the side of the face. Both allow unhindered vision for eyeglass wearers.

TRAVEL WITH OXYGEN

The **Equalizer™** portable oxygen concentrator from **SeQual Technologies** (www.sequal.com/Travel_connection.asp) is now approved for inflight use by nine airlines, with pending approval by Delta and United. Portable oxygen concentrators also approved for inflight use are **Inogen's One** (www.inogen.net/faa) and **Airsep's LifeStyle™** (www.airsep.com/medical/airline.html).

CHILDREN

"**Daily Respiratory Care with an SMA Family**" is a 25-minute DVD by Mary Schroth, MD, pediatric pulmonologist with the University of Wisconsin's Children's Hospital. A wealth of practical in-home respiratory care information for families of children with SMA, the DVD is available free through Families of SMA, www.fsma.org.

Tool Kit on Teaching and Assessing Students with Disabilities now has a **Parent Kit**, both available online: www.osepideasthatwork.org/parentkit. These documents were written specifically for parents and include information they need to work with schools to ensure that their children are receiving a quality education through their Individual Education Plan (IEP), mandated by the Individuals with Disability Education Act.

ALS

The Will Rogers Respiratory Symposium, sponsored by The ALS Association (ALSA) in January, drew a standing-room-only crowd of pulmonologists and neurologists, nurses, respiratory therapists, and patient services coordinators from ALSA chapters to learn the latest on respiratory management of people with ALS. A recurring theme was when to initiate noninvasive ventilation and what is the best test to predict and diagnose hypoventilation in ALS. The Will Rogers Institute is sponsoring ALS respiratory research grants for the next five years with grants of $50,000 each year. For applications, contact Sharon Matland, RN, MBA, Vice-President, Patient Services, ALSA, smatland@alsa-national.org.