

MEDICAID PROVIDER BULLETIN
May 2019

Notification of change regarding noninvasive ventilator use

Effective June 15, 2019, the use of a ventilator to provide continuous positive airway pressure or bi-level positive airway pressure therapy will be reviewed for medical necessity using local coverage determination for Respiratory Assist Devices (L33800), subset Ventilator with Noninvasive Interfaces. This criteria is available for review at

<https://medproviders.anthem.com/ky> > Precertification > Forms and Other Resources.

If you have questions about this communication, please contact your Provider Relations representative or Provider Services at **1-855-661-2028**.



<https://medproviders.anthem.com/ky>