

Nursing Facility (NF) Ventilator Program Ohio Administrative Code Rule 5160-3-18

Program Summary:

The Nursing Facility Ventilator Program (program) pays an enhanced payment rate for individuals receiving ventilator services in participating nursing facilities (NFs). The purpose of the program is to increase access to care for ventilator dependent individuals by reimbursing approved NFs for the higher costs associated with these services. The program also includes criteria and an enhanced payment rate for ventilator weaning services. The enhanced rates are available to providers who meet the program criteria and are approved to participate in the program.

Quality Component:

Section 5165.157 of the Ohio Revised Code includes the following requirements for providers to be eligible to receive the enhanced ventilator rates:

NFs Newly Applying to the NF Ventilator Program:

NFs that meet at least one of these criteria cannot be approved for the NF ventilator program to receive enhanced reimbursement:

1. Those on Table A or D of the CMS Special Focus Facility (SFF) list which identifies facilities with poor quality. Table A represents active SFFs, and Table D represents facilities who are candidates to become an SFF.
2. Those with a one-star overall rating on the CMS five-star rating system.

NFs Already Approved for the NF Ventilator Program:

Effective January 1, 2024, any NF participating in the NF ventilator program that is listed on Table A or D of the SFF list or designated as having a CMS one star overall rating will be reimbursed the regular NF per diem rate rather than the enhanced ventilator rate for any residents newly admitted to the ventilator unit on or after the later of January 1, 2024 or the date the NF is added to Table A or D, or receives a one-star overall rating, whichever is applicable. NFs who are removed from the SFF list or who improve their one-star will resume eligibility to receive the ventilator program enhanced reimbursement rate on or after the date they resume eligibility.

The Ohio Department of Medicaid (ODM) may waive these requirements for a discrete unit of a NF in order to ensure access to ventilator services in the area served. NFs can apply for an access waiver at NFPolicy@medicaid.ohio.gov. The request should include supporting information specifying the reason that receiving the facility's routine per diem rate instead of the enhanced rate(s) would cause an access issue for the facility's ventilator-dependent residents.

Payment Rate:

- ODM will pay eligible NFs an enhanced rate for ventilator dependent residents instead of the facility's regular Medicaid per diem rate. This rate is revised every July.
- ODM pays eligible NFs an enhanced rate for ventilator weaning for a maximum of 90 days per calendar year. This rate is revised every July.
- The enhanced rates apply to fee-for-service, MyCare, and managed care individuals who participate in the NF Ventilator Program, including those receiving hospice services.

Forms:

ODM 10227: Request to Participate in the ODM Nursing Facility Ventilator Program

- Used to request participation in the NF Ventilator Program.

ODM 10198: Addendum to ODM Provider Agreement Nursing Facility Ventilator Program

- When approved by ODM, the NF agrees to provide services in accordance with rule 5160-3-18.

Billing Information:

- NFs are responsible for billing the correct rate and corresponding revenue center codes based on the policy summarized in this document and the billing codes posted [online](#).
- A NF may provide ventilator only services or both ventilator and weaning services as approved by ODM. Upon approval, a NF will be assigned the related provider specialty code(s) according to the table below. This will enable claims to pay at the enhanced rate(s) when the corresponding Revenue Center Codes and Diagnosis Code are billed on the claim.
- Bed-hold days should be billed using the appropriate leave day codes and will be paid at the NF's per Medicaid day payment rate for reserving beds under section 5165.34 of the Revised Code.

Description of Service	Specialty Code	Revenue Center Code	Diagnosis Code	Rate 7/1/2025
Vent-Dependent Rate	862	0419	Z99.11	\$1,304.63
Vent Weaning Rate	867	0410	Z99.11	\$1,565.56

Request to Participate in the NF Ventilator/Ventilator Weaning Program:

NFs interested in participating in the NF Ventilator/Ventilator Weaning Program must complete form ODM 10227 "Request to Participate in the ODM Nursing Facility Ventilator Program" and email to NFPolicy@medicaid.ohio.gov. To expedite processing, please include "New Vent Request" followed by your provider name and Medicaid number in the subject line.

Questions? Contact: NFPolicy@medicaid.ohio.gov

For more information, go online to ODM's [Nursing Facilities Webpage](#).