

NON-INVASIVE VENTILATION

GENERAL GUIDELINES

With all qualifying diagnoses, the physician must document that lesser therapy such as BiPAP has been considered ineffective. For OHS, lesser therapy must be documented to have been tried [used] and found ineffective.

AND

Physician must document why volume ventilation is the appropriate therapy.

Neuromuscular Disorders

Documentation of the disease

HHA LIC#299995451
HHA LIC#299993216
HHA LIC#299993224

Restrictive Thoracic Disorders

- PaCO₂ ≥ 50 mmHg
- FVC ≤ 50%
- FEV₁/FVC% ≥ 70
- PaO₂ < 60 mmHG

If qualifying on low PaO₂, need documentation that prescribed O₂ is not sufficient to meet patient demands

One or more hospital admissions
OR
ER/office visits within last 6 months

For OHS:
Must have documentation that BiPAP has been tried and found to be ineffective

Chronic Respiratory Failure

Hypercapnic
Respiratory
Failure

Hypoxemic
Respiratory
Failure

Documentation of the disease

- PaCO₂ ≥ 50 mmHG
- FEV₁ ≤ 50%
- FVC < 50%
- FEV₁/FVC % ≤ 70

PaO₂ < 60 mmHg with documentation that prescribed O₂ is not sufficient in meeting patient demands

One or more hospital admissions or **ER visits** within the last 6 months
OR
2 or more office visits with documented exacerbation of COPD within the last 6 months

ORDER CHECKLIST FOR VOLUME VENTILATOR

- Face sheet (demographics, insurance, contact info)
 - Ventilation order form
 - Documentation with primary diagnosis (and secondary, if required) as well as hospitalization notes, clinic notes, respiratory status, pulmonary consult, etc.
 - Diagnostic qualifications (ABG, PFT, etc.)
 - Ordering statement **Please see examples below*
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Ordering Statement Examples

Diagnosis: J44.1/J44.9, J96.12, J96.11 & G12.21

Order non-invasive volume ventilator for nocturnal and daytime use as needed to decrease risk of exacerbation; Home Bi-Level Therapy with or without a rate would be ineffective as patient requires a volume mode to help reduce high CO2 Levels due to severity of condition.

Diagnosis: E66.2

Order non-invasive volume ventilator nocturnal and daytime use to decrease CO2 level in patient and decrease risk for exacerbation; Home Bi-Level Therapy with or without a rate **has been tried and is ineffective** as patient requires a volume mode to help reduce high CO2 Levels due to severity of condition.

Patient requires non-invasive volume ventilator for treatment of severe morbid obesity that restricts movement of the thoracic cage. BIPAP ST is ineffective due to persistent hypercapnia on ABG's despite intervention. Patient requires frequent duration of ventilatory support, intermittent use will not be sufficient. Severity of the condition is life-threatening. Interruption of ventilator support will quickly lead to patient harm.

COMMON DIAGNOSES:

J44.1/J44.9

Chronic Obstructive Pulmonary Disease

J96.12

Chronic Hypercapnic Respiratory Failure

J96.11

Chronic Hypoxemic Respiratory Failure

E66.2

Obesity Hypoventilation Syndrome

G12.21

Amyotrophic Lateral Sclerosis
