

# HOME MECHANICAL VENTILATION (EO466)

## 2025 GUIDELINES UPDATE

### Chronic Respiratory Failure Due to COPD

	<p>ABG with PaCO<sub>2</sub> 52 or greater on Prescribed FIO<sub>2</sub> <b>AND</b> Sleep Apnea is not a primary contributing factor to hypercapnia</p>
<p>Hospital Discharge <u>without</u> the use of HMV within 24 hours of DC or office visit</p>	<p><b>One of the following:</b> Patient requires HMV support for &gt;8 hours in a 24-hour period <b>OR</b> O2 liter flow requirement is 36% FiO<sub>2</sub> or 4 LPM Or greater <b>OR</b> Patient requires alarms and internal battery of HMV due to inability to breathe independently for more than a couple of hours</p> <p>Documentation detailing why RAD with a backup rate will not be sufficient.</p>
<p>Hospital Discharge <u>with use</u> of HMV within 24 hours of DC</p>	<p>Documented use of ventilation 24 hours prior to hospital discharge <b>AND</b> Documentation detailing why a RAD with back up rate will not be sufficient and without use of HMV patient will experience rapid exacerbation and/or increase in PaCO<sub>2</sub></p>
<p>Continued Coverage</p>	<p>For patients who use an HMV in a volume targeted mode: 1) for greater than 8 hours in any 24-hour period <b>AND</b> 2) use an oronasal mask at night a different interface (e.g., mouthpiece ventilation or nasal mask) is covered for daytime hours.</p> <p>Before the 6th and 12th month of use, patient must demonstrate use 4 hrs/day use on 70% of days <b>AND</b> Follow up visit documenting symptom improvement, use and continued need for HMV</p> <p>After the second evaluation at 12 months, the patient must be using the device at least 4 hours per 24-hour period on 70% of days in each paid rental month.</p>

# BIPAP WITHOUT RATE (EO470)

## 2025 GUIDELINES UPDATE

### Chronic Respiratory Failure Due to COPD

Hospital Discharge	<p>Documented use of BIPAP with back up rate within 24 hours of hospital discharge <b>AND</b> Documentation that without use of BIPAP with back up rate, patient will experience rapid exacerbation and/or increase PaCO<sub>2</sub></p>
Hospital Discharge <u>without</u> use of BIPAP without rate (EO470) within 24 hours of DC <b>or</b> office visit:	<p>ABG with PaCO<sub>2</sub> 52 or greater on Prescribed FIO<sub>2</sub> <b>AND</b> Sleep Apnea is not a primary contributing factor to hypercapnia</p>
Continued Coverage	<p>In the <u>initial 6 months</u> of use the patient must demonstrate use 4 hrs/day use on 70% of days <b>AND</b> Follow up visit documenting symptom improvement: - Fatigue - Dyspnea - Headache - Confusion - Sleep Quality <b>OR</b> ABG showing improvement in PaCO<sub>2</sub></p> <p><u>Between 7-12 months after initially receiving a RAD</u>, the treating clinician must establish the patient is using the device at least 4 hours per 24-hour period on at least 70% of days in each paid rental month. <u>After initial 12 months</u> the patient must demonstrate 4 hrs/day use on 70% of days in each remaining paid rental month and any month in which accessories/supplies are dispensed</p>

# BIPAP WITH RATE (EO471)

## 2025 GUIDELINES UPDATE

### Chronic Respiratory Failure Due to COPD

Hospital Discharge	<p>Documented use of BIPAP with back up rate within 24 hours of hospital discharge <b>AND</b> Documentation that without use of BIPAP with back up rate, patient will experience rapid exacerbation and/or increase PaCO<sub>2</sub></p>
Office Visit	<p>ABG with PaCO<sub>2</sub> 52 or greater while awake on Prescribed FIO<sub>2</sub> <b>AND</b> Sleep Apnea is not a primary contributing factor to hypercapnia <b>AND</b> Documentation showing no new onset of respiratory symptoms (cough, sputum production, dyspnea) lasting &gt; 2 days <b>AND</b> No change in medications in the 2 weeks prior to initiation of BIPAP <b>OR</b> ABG with PaCO<sub>2</sub> 52 or greater at least 2 weeks post hospitalization after resolution of an exacerbation of COPD requiring acute NIV</p>
Continued Coverage	<p>In the <i>initial 6 months</i> of use the patient must demonstrate use 4 hrs/day use on 70% of days <b>AND</b> Follow up visit documenting symptom improvement: - Fatigue                    - Dyspnea                    - Headache                    - Confusion                    - Sleep Quality <b>OR</b> ABG showing improvement in PaCO<sub>2</sub></p> <p><i>Between 7-12 months after initially receiving a RAD</i>, the treating clinician must establish the patient is using the device at least 4 hours per 24-hour period on at least 70% of days in each paid rental month.</p> <p><i>After initial 12 months</i> the patient must demonstrate 4 hrs/day use on 70% of days in each remaining paid rental month and any month in which accessories/supplies are dispensed</p>