



Mechanical Ventilation (Invasive and Non-Invasive)

Documentation Requirements

Medicare/Medicaid (Commercial plans follow similar guidelines but are subject to the member's plan.)

- ★ Invasive Ventilator or Non-Invasive Ventilation Prescription
- ★ Medicaid - Medicaid Certificate of Medical Necessity
 - May replace prescription form if the "plan" section of the CMN lists all equipment and quantity of supplies needed per month.

Medical Records

- ★ Face to face visit with the treating practitioner documenting condition requiring the ventilator.
 - This should be a comprehensive visit, with the symptoms documented that are related to the qualifying condition. Please include any testing that supports the diagnosis.
 - For Medicaid, this visit must be within the last 6 months.
- ★ Medical record must support the patient has one of the following:
 - A neuromuscular disease,
 - Chronic respiratory failure consequent to Chronic Obstructive Pulmonary Disease (COPD),
 - A thoracic restrictive disease.
- ★ Medical record must support why the patient needs a ventilator and why another method of treatment, such as a respiratory assist device (RAD) would not sufficiently treat the patient.

If you have questions or would like help ordering, please call Wendell, Respiratory Therapist at

(907) 202-2543 or (907) 274-0770



Non-Invasive Ventilator Requirements

Diagnosis of either:

- **COPD (J44.9)** causing
 - o **Chronic Respiratory Failure (J96.10)**
 - or
 - o **Acute on Chronic Respiratory Failure (J96.20)**
- A **Neuromuscular Disease** (ALS, Muscular Dystrophy, etc...)
- A **Thoracic Restrictive Disease** (Interstitial Lung Disease, Kyphoscoliosis, etc...)

Face to Face Visit Notes from within the last 6 months that include:

1. Diagnosis from above
2. One of the following test results (with patient in stable condition) from within the past year:

<u>Chronic Respiratory Failure consequent to COPD</u>	<u>Neuromuscular Disease</u>	<u>Thoracic Restrictive Disease</u>
FEV ₁ <50% of predicted	FVC <50% of predicted	FVC <50% of predicted
<u>or</u>	<u>or</u>	<u>or</u>
ABG: PCO ₂ ≥52 mmHg	MIP < 60 cm H ₂ O	ABG: PCO ₂ ≥52 mmHg
VBG: PCO ₂ ≥58 mmHg	<u>or</u>	VBG: PCO ₂ ≥58 mmHg
	ABG: PCO ₂ ≥45 mmHg	
	VBG: PCO ₂ ≥51 mmHg	

3. A narrative of why the patient will benefit from a Non-Invasive Ventilator.
 - o i.e. NIV will ease the work of breathing, reduce patient's CO₂ retention, prevent breath stacking, reduce risk of future hospitalizations, prevent further deterioration of condition, prevent untimely death, etc...
4. Bipap therapy has been either:
 - a. Tried and failed
 - or
 - b. Considered and ruled out due to severity of patient's condition or other issues.

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