

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#299993216 | HHA LIC#299994198
HHA LIC#299993224

Restrictive Thoracic Disorders

$\text{PaCO}_2 \geq 52 \text{ mmHg}$ or $\text{PaO}_2 < 60 \text{ mmHg}$ or $\text{FVC} < 50\%$,
 $\text{FEV1} \leq 50\%$ or $\text{FEV1/FVC}\% \geq 70$

If qualifying on low PaO_2 , need documentation that prescribed O_2 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

$\text{PaCO}_2 \geq 52 \text{ mmHg}$ OR
 $\text{FEV1} \leq 50\%$

$\text{PaO}_2 < 60 \text{ mmHg}$ with documentation that prescribed O_2 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 **see examples below*
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Examples: Order non-invasive volume ventilator for nocturnal and daytime use as needed to decrease risk of exacerbation; home BiPAP insufficient due to severity of condition.

Order non-invasive volume ventilator for nocturnal and daytime use to decrease CO₂ level in patient and decrease risk for exacerbation; home BiPAP insufficient due to severity of condition.

Home BiPAP insufficient due to severity of condition. [Diagnosis] is primary cause of CRF/hypercapnia; ventilator required.

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
