

Ventilator Guidelines:

Patient must have a neuromuscular diagnosis OR have chronic respiratory failure secondary to COPD, Obesity Hypoventilation, or a Restrictive Lung Disease.

Prescription:

- Patient's name
- DOB
- Trilogy or Astral E0466 or E0465 with pressure settings
- Hours of use must be continuous
- MD name printed
- MD signature
- MD signature Date
- MD NPI

Face to Face Evaluation:

- MD must evaluate patient and document qualifying diagnosis and medical necessity [including weaknesses patient is dealing with]
- Should say "patient would benefit from NIV"
- Documented recent testing to support qualifying diagnosis
 - Obstructive {Chronic Respiratory failure secondary to COPD or OHS} – ABG results demonstrating pCO₂ is 52mmGH or greater
 - Restrictive {ALS, Neuromuscular} – PFT results demonstrating FVC is less than 50% predicted
- Should mention compliant with their medications if they are a COPD patient
- No mention of OSA
- If Bipap is used and is effective, it needs to be documented as NIV
- If Bipap is used and is not effective, it needs to be documented that it was tried and failed or that despite using Bipap patients cO₂ is still elevated, therefore patient would benefit from NIV
- Must be signed and dated by MD

Prescription must be the most recent documentation and F2F notes/testing must be within 6-12 months. [6 months if Medicare]