



## OHS/NIV QUALIFICATION CHECKLIST

Current Settings: \_\_\_\_\_

Current O2 Liter Flow: \_\_\_\_\_

PaCO2 >/52?  Yes  No Value: \_\_\_\_\_

BMI >45?  Yes  No Value: \_\_\_\_\_

OSA?  Yes  No

If yes, has BiPAP been trialed and failed and documented?  Yes  No

Provider's documentation includes WHY NIV is needed as well as WHY BIPAP is inadequate?  Yes  No

Date of Face-to-Face Notes: \_\_\_\_\_

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## NM/ALS QUALIFICATION CHECKLIST

Current Settings: \_\_\_\_\_

Current O2 Liter Flow: \_\_\_\_\_

1 Must be Present

PaCO2 >45  Failed ONO  MIP/NIF <60  FVC <50% predicted

Provider's documentation includes WHY NIV is needed as well as WHY BIPAP is inadequate?  Yes  No

Notes address dyspnea, orthopnea, fatigue, morning headaches, or excessive daytime sleepiness?  Yes  No

Date of Face-to-Face Notes: \_\_\_\_\_

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## COPD/NIV QUALIFICATION CHECKLIST

Current Settings: _____	Current O2 Liter Flow: _____
1. PFT FEV1 or FVC <50% Predicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Value: _____
2. PaCO2 >/52 awake on prescribed FiO2 <input type="checkbox"/> Yes <input type="checkbox"/> No	Value: _____
3. OSA is ruled out <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Face-to-Face Notes: _____
4. ONE of the following is required:	
<input type="checkbox"/> a. Oxygen >/4lpm (36%)	
<input type="checkbox"/> b. Vent support more than 8 hours in 24 hour period	
<input type="checkbox"/> c. Alarms/internal battery bc the patient is unable to effectively breathe on their own for more than a few hours and unrecognized interruption of vent support could lead to life-threatening condition	
<input type="checkbox"/> d. Per treating provider, NONE of the following are likely to be achieved with consistent use of RAD ST for at least 4 hours per 24 hours bc the patient's needs exceed the capabilities of a RAD as justified by the patient's medical condition:	
<input type="checkbox"/> a. PaCO2 <46 -OR-	
<input type="checkbox"/> b. Stabilize a rising PaCO2 -OR-	
<input type="checkbox"/> c. 20% reduction in PaCO2 from baseline, -OR-	
<input type="checkbox"/> d. Improvement of ONE of the following:	
<input type="checkbox"/> i. Headache	
<input type="checkbox"/> ii. Fatigue	
<input type="checkbox"/> iii. SOB	
<input type="checkbox"/> iv. Confusion	
<input type="checkbox"/> v. Sleep quality	

### HMV/NIV HOSPITAL DISCHARGE

Covered in Vol targeted mode at DC for 6 months for ARF/CRF due to COPD if pt's needs exceeded the capabilities of RAD and use of Ventilator within 24 hours of DC'ing home and the treating clinician determines the patient is at risk of rapid system exacerbation or rise in PaCO2 after DC.  Yes  No

### CONTINUING USAGE CRITERIA FOR AN HMV/NIV

Continuing usage criteria TWO visits in first year

1. BY first 6 months must meet compliancy at least one 30 day period of 70%.
2. Months 7+ must meet compliancy in EVERY RENTAL MONTH

### MASK FOR HMV/NIV

For patients in Volume targeted mode:

1. For >8hours in any 24 hour period
2. Use FFM at NOC and a nasal or mouthpiece is covered as an extra mask.
3. NOTE: still under the coverage criteria established now for resupply

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## COPD/RAD QUALIFICATION CHECKLIST

Current Settings: \_\_\_\_\_ Current O2 Liter Flow: \_\_\_\_\_

PFT FEV1 or FVC <50% Predicted?  Yes  No Value: \_\_\_\_\_

### BIPAP

1. PaCO2 >/52 awake on prescribed FiO2  Yes  No Value: \_\_\_\_\_

2. OSA is ruled out  Yes  No Date of Face-to-Face Notes: \_\_\_\_\_

### BIPAP ST

1. PaCO2 >/52 awake on prescribed FiO2  Yes  No Value: \_\_\_\_\_

2. OSA is ruled out  Yes  No Date of Face-to-Face Notes: \_\_\_\_\_

3. Either A or B is met

A. Stable COPD = No increase in or new symptoms (cough/sputum/sob) lasting 2 or more days as well as no change in pharm tx in last 2 weeks

B. Hypercapnia still present 2 weeks after hospitalization after resolution of an exacerbation of COPD required acute NIV

4. By the end of initial 6 months, BiPAP ST has been utilized as high intensity therapy, minimum IPAP >/ 15 and BUR at least 14.  Yes  No Value: \_\_\_\_\_

### HOSPITAL DC BIPAP OR BIPAP ST

Covered for initial 6 months IF patient required either or ventilator within the 24 hours prior to DC and documented the patient is at risk of rapid symptom exacerbation or rise in PaCO2 after discharge.  Yes  No

### CONTINUING USAGE CRITERIA TWO VISITS IN FIRST YEAR

1. BY first 6 months patient has met compliancy for at least one 30 day period of 70%.  Yes  No

2. One of the following is documented:

a. PaCO2 < 46

b. Stabilizing of a rising PaCO2

c. 20% reduction in PaCO2 from baseline

d. OR at least IMPROVEMENT in one of the following:

i. Headache

ii. Fatigue

iii. SOB

iv. Confusion

v. Sleep quality

3. Months 7-12 must meet compliancy in EVERY RENTAL MONTH

4. After month 13 must meet compliancy for every month in which supplies are dispensed.

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