



# Frontier Home Medical

[www.FrontierHomeMedical.com](http://www.FrontierHomeMedical.com)

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## OHS/NIV QUALIFICATION CHECKLIST

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

PaCO<sub>2</sub> >/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: \_\_\_\_\_

## NM/ALS QUALIFICATION CHECKLIST

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

1 Must be Present

☐ PaCO<sub>2</sub> >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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304 W 8th Street  
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## COPD/NIV QUALIFICATION CHECKLIST

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

1. PFT FEV1 or FVC <50% Predicted? ☐ Yes ☐ No Value: \_\_\_\_\_
2. PaCO2 >/52 awake on prescribed FiO2 ☐ Yes ☐ No Value: \_\_\_\_\_
3. OSA is ruled out ☐ Yes ☐ No Date of Face-to-Face Notes: \_\_\_\_\_
4. ONE of the following is required:
  - ☐ a. Oxygen >/4lpm (36%)
  - ☐ b. Vent support more than 8 hours in 24 hour period
  - ☐ 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
  - ☐ 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:
    - ☐ a. PaCO2 <46 -OR-
    - ☐ b. Stabilize a rising PaCO2 -OR-
    - ☐ c. 20% reduction in PaCO2 from baseline, -OR-
    - ☐ d. Improvement of ONE of the following:
      - ☐ i. Headache
      - ☐ ii. Fatigue
      - ☐ iii. SOB
      - ☐ iv. Confusion
      - ☐ 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. PaCO<sub>2</sub> >/52 awake on prescribed FiO<sub>2</sub> ☐ Yes ☐ No Value: \_\_\_\_\_

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

### BIPAP ST

1. PaCO<sub>2</sub> >/52 awake on prescribed FiO<sub>2</sub> ☐ 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 PaCO<sub>2</sub> 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. PaCO<sub>2</sub> < 46

☐ b. Stabilizing of a rising PaCO<sub>2</sub>

☐ c. 20% reduction in PaCO<sub>2</sub> 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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