Aetna NIV Checklist

Patient:_____ DOB:_____

All Patients:

Aetna considers ventilators with noninvasive interfaces medically necessary for severe neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease where interruption or failure of respiratory support would lead to death. Aetna follows Centers for Medicare & Medicaid Services (CMS) policy on ventilators with noninvasive interfaces. A CMS National Coverage Determination states that ventilators are covered for the following conditions: "neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease." Each of these disease categories is comprised of conditions that can vary from severe and life-threatening to less serious forms. These disease groups may appear to overlap with the conditions described above for bilevel PAP devices, but they are not overlapping. Choice of an appropriate device, i.e., a ventilator versus a bi-level PAP device is made based upon the severity of the condition. CMS distinguished the use of respiratory product types in a National Coverage Analysis Decision Memo stating that bilevel PAP devices are "distinguished from ventilation in a patient for whom interruption or failure of respiratory support leads to death." The conditions described above for bilevel PAP devices are not life-threatening conditions where interruption of respiratory support would quickly lead to serious harm or death. These describe clinical conditions that require intermittent and relatively short durations of respiratory support. Thus, any type of ventilator would not be considered medically necessary for any of the conditions described above for bi-level PAP devices even though the ventilator equipment may have the capability of operating in a bi-level PAP mode. Bi-level PAP devices are considered medically necessary in those clinical scenarios. Use of ventilators for the treatment of conditions described above for bilevel PAP devices is considered not medically necessary.

COPD **(Must check boxes 1,2,& 3; boxes 4 and 5 are optional)**	**Yes**	**No**
1. Disease State is severe - where interruption or failure of respiratory support would lead to death - indicated in physician notes		
2. **AND** Prior to initiating therapy, obstructive sleep apnea (OSA) (and treatment with continuous positive airway pressure (CPAP/BiPAP)) has been tried and failed / considered and ruled out		
3. **AND** Arterial blood gas PaCO2 greater than or equal to 52 mm Hg		
4. **MAY HAVE** Pulmonary Function Test with FEV1 ≤ 50% of predicted		
5. **MAY HAVE** History of respiratory related hospital admissions within the past 12 months for COPD exacerbation; Chronic Respiratory Failure		

Neuromuscular Disease with Respiratory Insufficiency **(Must check all 4 boxes)**	**Yes**	**No**
1. Chronic obstructive pulmonary disease (COPD) does not contribute significantly to the member's pulmonary limitation		
2. **AND** Member has a progressive neuromuscular disease (e.g., amyotrophic lateral sclerosis, etc.)		
3. **AND** Prior to initiating therapy, obstructive sleep apnea (OSA) (and treatment with continuous positive airway pressure (CPAP/BiPAP)) has been tried and failed / considered and ruled out - indicated in patient notes		
4. **AND** Maximal inspiratory pressures less than 60 cm H20 or forced vital capacity (FVC) less than 50 % predicted.		

Obesity Hypoventilation Syndrome (Not a valid diagnosis accepted by Aetna)	Yes	No
1.		
2.		
3.		

Restrictive Thoracic Cage Abnormalities (Must check all 3 boxes)	Yes	No
1. Chronic obstructive pulmonary disease (COPD) does not contribute significantly to the member's pulmonary limitation		
2. **AND** Patient has a severe thoracic cage abnormality		
3. **AND** An arterial blood gas PaCO2, done while awake and breathing the member's usual FIO2 (fractional inspired oxygen concentration), is greater than or equal to 45 mm		