



**Medical  
Service  
Company**

# Medicare FFS / Medicaid FFS / Certain Medicare HMO-PPO Plans\* & Certain Commercial Plans NIV Checklist

(\*Paramount, United Healthcare, Caresource, MMO, BCBS Michigan)

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

<b>COPD</b> (Combination of boxes 1, 2, and 3; box 4 or 5)	<b>Yes</b>	<b>No</b>
1. PaCO <sub>2</sub> >52 mmHg		
2. FEV <sub>1</sub> < 50%		
3. Hospitalizations >1 within 12 months		
4. RAD BIPAP considered and ruled out due to disease state		
5. <b>OR</b> RAD BIPAP tried and failed due to one of the following: a. Failure to improve pH >7.35 b. Patient intolerance of BIPAP therapy		

<b>Neuromuscular Disease with Respiratory Insufficiency</b> (Must check boxes 1 and 2 with one of boxes 3, 4, or 5)	<b>Yes</b>	<b>No</b>
1. The primary cause of respiratory failure is neuromuscular disease (for example, amyotrophic lateral sclerosis)		
2. RAD BIPAP considered and ruled out		
3. ABG: PaCO <sub>2</sub> ≥ 45mmHg while awake and breathing the individual's usual FiO <sub>2</sub>		
4. <b>OR</b> The individual has a maximum inspiratory pressure of less than or equal to 60 cm H <sub>2</sub> O.		
5. <b>OR</b> FVC <50% of predicted		
6. <b>OR</b> FEV <sub>1</sub> /FVC >70%		

<b>Obesity Hypoventilation Syndrome</b> (Must check boxes 1, a, b, c, and 2, with boxes d, e, or f)	<b>Yes</b>	<b>No</b>
1. OHS is diagnosed based on ALL of the following (a, b, and c)		
a. Body mass index (BMI) is greater than or equal to 30 kg/m <sup>2</sup>		
b. <b>AND</b> Sleep-disordered hypoventilation has been documented by polysomnography and other conditions are not considered the sole cause of hypoventilation. Examples include, but are not limited to: neuromuscular or restrictive thoracic disease (see criterion A above), COPD (see criterion B above), interstitial lung disease, pleural restriction, hypothyroidism, or medications		
c. <b>AND</b> Hypoventilation is documented with an awake PaCO <sub>2</sub> level greater than or equal to 45 mm Hg		

2. <b>AND</b> CPAP or BiPAP treatment is not appropriate as evidenced by any of the following (a, b or c)		
d. OSA is not present as confirmed by polysomnography with an apnea/hypopnea index (AHI) less than 5		
e. <b>OR</b> Hypoventilation was not corrected with CPAP or BiPAP titration as evidenced by persistence of an awake PaCO <sub>2</sub> level greater than 45 mm Hg after 3 months of compliant use of CPAP or BiPAP		
f. <b>OR</b> Individuals started on NPPV therapy as OHS treatment during hospitalization can continue for up to 3 months of home therapy to provide time to complete outpatient CPAP or BiPAP titration		

<b>Restrictive Thoracic Cage Abnormalities</b> (Must check boxes 1 and 2 with one of boxes 3, 4, or 5)	<b>Yes</b>	<b>No</b>
1. The primary cause of respiratory failure is restrictive thoracic disease (for example, thoracic cage abnormalities)		
2. RAD BIPAP considered and ruled out		
3. ABG: PaCO <sub>2</sub> ≥ 45mmHg while awake and breathing the individual's usual FiO <sub>2</sub>		
4. <b>OR</b> The individual has a maximum inspiratory pressure of less than or equal to 60 cm H <sub>2</sub> O.		
5. <b>OR</b> FEV <sub>1</sub> /FVC >70%		
6. <b>OR</b> FVC <50%		
7. <b>OR</b> Radiologic evidence of restrictive process		