Molina NIV Checklist

Patient:_____ DOB:_____

All Patients:

Considering the user's needs when selecting an appropriate positive pressure ventilation assist device is essential. For situations in which there is a risk of acute respiratory failure, hypoventilation, or apnea; the NIV will sound an alarm where the home BiPAP unit may not. NIVs are also generally equipped with batteries to serve as a back-up source of power for several or more hours should the primary power source fail. Additionally, NIVs have the capability of delivering ventilation based on volume and precise levels of oxygen needed by more complex patients.

COPD **(Either box 1 or box 2. If box 2 is checked both box a and b are required)**	**Yes**	**No**
1. Palliative care in patient with end-stage disease and advance directive stating no desire for intubation;		
2. **OR** Chronic hypercapnia and ALL of the following:		
a. Patient has documented failure of BIPAP (including both simple and advanced modes, such as AVAPS and iVAPS) to improve hypercapnia and/or oxygen saturation level;		
b. **AND** Prescription for NIV should be written by a pulmonologist (or arrangements have been made for pulmonary follow-up within 3 months);		

Neuromuscular Disease with Respiratory Insufficiency **(Any one box)**	**Yes**	**No**
1. Diagnosis of chronic respiratory failure due to progressive neuromuscular disease (e.g., muscular dystrophies, poliomyelitis, multiple sclerosis, spinal cord injuries, spinal muscular atrophy, diaphragmatic paralysis, myasthenia gravis, amyotrophic lateral sclerosis) or severe chest wall disorder (e.g., kyphoscoliosis, asphyxiating thoracic dystrophy)		
2. **AND** Mechanical ventilation required due to respiratory insufficiency with one or more of the following:		
a. Arterial O2 saturation < 88% for 5 consecutive minutes during nocturnal oximetry		
b. **OR** Arterial PCO2 Greater than or equal to 45 mm Hg (6.0 kPa)		
c. **OR** Maximum inspiratory pressure less than 60 cm H2O		
d. **OR** Forced Vital Capacity (FVC) < 50% predicted		

Obesity Hypoventilation Syndrome **(Must check boxes 1, 2, 3, and 6 with box 4 or 5)**	**Yes**	**No**
1. BMI greater than or equal to 30 Kg/m2		
2. **AND** Daytime hypercapnia with PaCO2 greater than 45 mm Hg (6.0 kPa) without other etiology (e.g., kyphoscoliosis, lung parenchymal disease, myopathy, severe hypothyroidism)		
3. **AND** Sleep-disordered breathing or hypoventilation on polysomnography, as indicated by one or more of the following: a. Apena-hypopnea index of 5 or greater b. Increase in PaCO2 during sleep by more than 10 mm Hg (1.3 kPa) above value while awake c. Significant oxygen desaturation (e.g., O2 < 90%) not explained by obstructive apneas or hypopneas d. TSH level does not demonstrate hypothyroidism		
4. **AND** Failure to improve arterial oxygen saturations and/or hypercapnia on CPAP or BiPAP devices		
5. **OR "**Settings or functionality required by patient is not available with a bilevel respiratory assistance device (both simple and advanced modes), as indicated by one or more of the following: a. Alarms required by patient are not available on bilevel positive pressure respiratory assistance device b. Daytime ventilation using mouthpiece required c. Pressure range delivered by device (e.g., expiratory or inspiratory pressure) not appropriate for patient d. Volume-assured pressure support or volume control mode is required (e.g., OHS)"		
6. **AND** Diagnosis and prescription for the device must be made by a pulmonologist or other relevant specialty physician.		

Restrictive Thoracic Cage Abnormalities **(Boxes 1 and 2 with one of boxes a, b, c, or d)**	**Yes**	**No**
1. Diagnosis of severe chest wall disorder (e.g., kyphoscoliosis, asphyxiating thoracic dystrophy)		
2. **AND** Mechanical ventilation required due to respiratory insufficiency with one or more of the following:		
a. Oxygen saturation less than or equal to 88% for 5 consecutive minutes during nocturnal oximetry		
b. **OR** Arterial PCO2 Greater than or equal to 45 mm Hg (6.0 kPa)		
c. **OR** Maximum inspiratory pressure less than 60 cm H2O		
d. **OR** Forced Vital Capacity (FVC) < 50% predicted		