# Priority Health / Wellcare / Meridian NIV Checklist

Patient:_____ DOB:_____

**All Patients:**

This policy describes medical necessity criteria for noninvasive and invasive home ventilators. Noninvasive ventilation (NIV) describes the administration of positive pressure to the lungs using interfaces such as, but not limited to, nasal masks, orofacial masks, full face masks, mouthpieces, nasal pillows, or helmets. Invasive ventilatory support describes the administration of positive pressure to the lungs through an invasive interface, such as a tracheostomy tube or endotracheal tube.

| **COPD**<br>**(All three boxes checked)** | **Yes** | **No** |
|---|---|---|
| 1. An arterial blood gas $PaCO_2$ measurement was done while awake and breathing at baseline and prescribed $FiO_2$, which is greater than or equal to 52 mmHg | | |
| 2. **AND** Prior to initiating therapy, sleep apnea and treatment with a continuous positive aprway pressure device (CPAP) has been considered and ruled out. (Note: Formal sleep testing is not required if the medical record demonstrates that sleep apnea (Obstructive Sleep Apnea (OSA), CSA and/or CompSA) is not the predominant cause of awake hypercapnia or nocturnal arterial oxygen desaturation; | | |
| 3. **AND** Respiratory failure has failed to improve with adequate trial of bilevel positive airway pressure (Bi-PAP), as evidenced by one of the following: (Note: $PaCO_2$ levels may not normalize even with adequate response to Bi-PAP therapy. Failure to normalize $PaCO_2$ levels alone is not considered a therapeutic failure of Bi-PAP). | | |

| **Neuromuscular Disease with Respiratory Insufficiency**<br>**(Must check boxes 1 and 2 with box 3 or4; Must check box 5 with one of boxes a, b, c, or d)** | **Yes** | **No** |
|---|---|---|
| 1. Documentation of a neuromuscular disease (ex. ALS) | | |
| 2. **AND** Chronic obstructive pulmonary disease (COPD) does not contribute significantly to the pulmonary limitation | | |
| 3. For those ≥ 18 years of age, maximal inspiratory pressure is < 60 $cmH_2O$, or forced vital capacity is < 50% predicted | | |
| 4. **OR** For those < 18 years of age, documentation of Type 1 (hypoxemic) and/or Type 2 (hypercapneic) respiratory failure or inability to maintain airflow. | | |
| 5. **AND** Respiratory failure has failed to improve with adequate trial of bilevel positive airway pressure (Bi-PAP), as evidenced by one of the following: (Note: $PaCO_2$ levels may not normalize even with adequate response to Bi-PAP therapy. Failure to normalize $PaCO_2$ levels alone is not considered a therapeutic failure of Bi-PAP). | | |
| a. Intolerance to Bi-PAP, as indicated by the member's/enrollee's request to discontinue nocturnal assisted ventilation | | |
| **b. OR** Worsening dyspnea, hemodynamic instability, or unresponsive hypoxemia | | |
| **c. OR** 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 | | |

| | | |
|---|---|---|
| **d.** **OR** Signs of respiratory failure, including tachypnea, increased work of breathing, hypoxemia, hypercapnia and/or respiratory acidosis (e.g., pH <7.35) | | |

| **Obesity Hypoventilation Syndrome**<br>**(Must check boxes 1, 2, 3 and one of boxes a, b, c, or d)** | **Yes** | **No** |
|---|---|---|
| 1. BMI greater than or equal to 30 Kg/m2 | | |
| 2. **AND** An initial arterial blood gas PaCO2, done while awake and breathing the beneficiary's prescribed FiO2 is ≥ 45 mmHg | | |
| 3. **AND** Signs of respiratory failure has failed to improve with adequate trial of Bi-PAP as evidenced by one of the following: (Note: PaCO2 levels may not normalize even with adequate response to Bi-PAP therapy. Failure to normalize PaCO2 levels alone is not considered a therapeutic failure of Bi-PAP). | | |
| a. Intolerance to Bi-PAP, as indicated by the member's/enrollee's request to discontinue nocturnal assisted ventilation | | |
| b. **OR** Worsening dyspnea, hemodynamic instability, or unresponsive hypoxemia | | |
| c. **OR** Signs of respiratory failure, including tachypnea, increased work of breathing, hypoxemia, hypercapnia and/or respiratory acidosis (e.g., pH <7.35); | | |
| d. **OR** An arterial blood gas PaCO2 done during sleep or immediately upon awakening and breathing the breathing the beneficiary's prescribed FiO2 shows the beneficiary's PaCO2 worsened greater than or equal to 7 mmHg compared to the original result | | |

| **Restrictive Thoracic Cage Abnormalities**<br>**(Must check boxes 1 and 2 with box 3 or 4; Must check box 5 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: | | |
| 3. An arterial blood gas partial pressure of carbon dioxide (paCO2) was measured while awake and breathing room air or on prescribed oxygen with a measurement of: PaCO2 >45 mmHg | | |
| 4. **OR** Sleep oximetry demonstrates O2 saturation of one of the following for at least 5 minutes while breathing prescribed O2:<br>a. ≤ 88% for members/enrollees ≥ 18 years of age | | |
| 5. Respiratory failure has failed to improve with adequate trial of bilevel positive airway pressure (Bi-PAP), as evidenced by one of the following: (Note: PaCO2 levels may not normalize even with adequate response to Bi-PAP therapy. Failure to normalize PaCO2 levels alone is not considered a therapeutic failure of Bi-PAP). | | |
| a. Intolerance to Bi-PAP, as indicated by the member's/enrollee's request to discontinue nocturnal assisted ventilation | | |
| b. **OR** Worsening dyspnea, hemodynamic instability, or unresponsive hypoxemia | | |
| c. **OR** 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 | | |
| d. **OR** Signs of respiratory failure, including tachypnea, increased work of breathing, hypoxemia, hypercapnia and/or respiratory acidosis (e.g., pH <7.35); | | |