



MSC Quick Assist

Criteria and Code Guide in a *Swipe*

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Airway Clearance Therapy Tried and Failed. This must be documented in the patients progress notes.

1. Airway clearance techniques **failed** by patient? Examples of methods:

- CPT (manual or percussor)
 - Oscillating PEP (Flutter, Acapella®, Aerobika®, Pep Valve, Pep Mask)
 - Huff Coughing
 - Breathing Techniques
 - Mucomyst*
 - Hypertonic Saline
 - Suctioning
- (*Notes must document the medication was prescribed for secretion mobilization)

2. Examples of reasons why therapy failed and/or is contraindicated/inappropriate for this patient:

- Cannot tolerate positioning/hand CPT
- Too fragile for hand CPT
- Did not mobilize secretions
- Physical limitations of caregiver
- Caregiver unable to perform adequate CPT
- Insufficient expiratory force
- Gastroesophageal reflux (GERD)
- Severe arthritis, osteoporosis
- Resistance to therapy
- Cognitive level
- Unable to form mouth seal
- Artificial airway

3. Documentation for bronchiectasis patients should include the following:

- CT scan

AND

- Frequent (i.e. more than 2/year) exacerbations requiring antibiotic therapy

OR

- Daily productive cough for at least 6 continuous months

ICD-10 Codes and Descriptions

J47.0	Bronchiectasis with acute lower respiratory infection	G12.24	Familial motor neuron disease
J47.1	Bronchiectasis with (acute) exacerbation	G12.25	Progressive spinal muscle atrophy
J47.9	Bronchiectasis, uncomplicated	G12.29	Other motor neuron disease
O33.4	Congenital bronchiectasis	G12.8	Other spinal muscular atrophies and related syndromes
A15.0	Tuberculosis of lung	G12.9	Spinal muscular atrophy, unspecified
B91	Sequelae of poliomyelitis	G14	Postpolio syndrome
D81.810**	Biotinidase deficiency	G35A*	Relapsing-remitting multiple sclerosis
D84.1**	Defects in the complement system	G35.B0*	Primary progressive multiple sclerosis, unspecified
E74.02*	Pompe Disease	G35.B1*	Active primary progressive multiple sclerosis
E74.05*	Lysosome-associated membrane protein 2 [LAMP2] deficiency	G35.B2*	Non-active primary progressive multiple sclerosis
E84.0	Cystic fibrosis with pulmonary manifestations	G35.C0*	Secondary progressive multiple sclerosis, unspecified
E84.9	Cystic fibrosis, unspecified	G35.C1*	Active secondary progressive multiple sclerosis
G12.0	Infantile spinal muscular atrophy, type I (Werdnig-Hoffman)	G35.C2*	Non-active secondary progressive multiple sclerosis
G12.1	Other inherited spinal muscular atrophy	G35.D*	Multiple sclerosis, unspecified
G12.20	Motor neuron disease, unspecified	G70.00*	Myasthenia gravis without (acute) exacerbation
G12.21	Amyotrophic lateral sclerosis	G71.00	Muscular dystrophy, unspecified
G12.22	Progressive bulbar palsy	G71.01	Duchenne or Becker muscular dystrophy
G12.23	Primary lateral sclerosis	G71.02	Facioscapulohumeral muscular dystrophy

***Specific to Medicare Criteria**

****Not covered by Medicare**

ICD-10 Codes and Descriptions

G71.031*	Autosomal dominant limb girdle muscular dystrophy	G72.41	Inclusion body myositis
G71.039*	Limb girdle muscular dystrophy, unspecified	G72.49	Other inflammatory and immune myopathies, not elsewhere classified
G71.09	Other specified muscular dystrophies	G72.89	Other specified myopathies
G71.11	Myotonic muscular dystrophy	G72.9	Myopathy, unspecified
G71.12	Myotonia congenita	G73.7	Myopathy in diseases classified elsewhere
G71.13	Myotonic chondrodystrophy	G80.0	Spastic quadriplegic cerebral palsy
G71.14	Drug induced myotonia	G82.50	Quadriplegia, unspecified
G71.19	Other specified myotonic disorders	G82.51	Quadriplegia, C1-C4 complete
G71.2	Congenital myopathies	G82.52	Quadriplegia, C1-C4 incomplete
G71.20*	Congenital myopathies, unspecified	G82.53	Quadriplegia, C5-C7 complete
G71.21	Nemaline myopathy	G82.54	Quadriplegia, C5-C7 incomplete
G71.220	X-linked myotubular myopathy	M33.02	Juvenile dermatomyositis with myopathy
G71.228	Other centronuclear myopathy	M33.12	Other dermatomyositis with myopathy
G71.29	Other congenital myopathy	M33.22	Polymyositis with myopathy
G71.3	Mitochondrial myopathy, not elsewhere classified	M33.92	Dermatopolymyositis, unspecified with myopathy
G71.8	Other primary disorders of muscles	M34.82	Systemic sclerosis with myopathy
G72.0	Drug-induced myopathy	M35.03	Sicca syndrome with myopathy
G72.1	Alcoholic myopathy	J98.6	Disorders of diaphragm
G72.2	Myopathy due to other toxic agents		

*Specific to Medicare Criteria

**Not covered by Medicare

Restrictive Thoracic Disorder/ Neuromuscular Disease

Qualifying Testing (at least one of the following):

1. PaCO₂ ≥ 45 mmHg while awake and breathing prescribed FI_{O2}
2. Overnight pulse oximetry showing saturations < 88% for ≥ 5 minutes
3. Maximal inspiratory pressures < 60 cmH₂O *neuromuscular disease only
4. Forced vital capacity < 50% predicted *neuromuscular disease only

Progress Note Documentation

1. Specific diagnosis (examples):
 - Amyotrophic Lateral Sclerosis (ALS)
 - Kyphoscoliosis
 - Diaphragmatic paralysis
 - Multiple sclerosis (MS)
 - Interstitial lung disease
 - Thoracic cage abnormality
2. Symptoms of respiratory failure (examples)
 - Daytime hypersomnolence
 - Morning headache
 - Dyspnea
 - Cognitive dysfunction
3. COPD ruled out as the primary cause of respiratory failure

Obesity Hypoventilation (Pickwickian) Syndrome (OHS)

Qualifying Testing

1. PaCO₂ ≥ 45 mmHg while awake and breathing prescribed FI_{O2} **AND**
2. FEV₁/FVC ratio ≥ 70% **AND**
3. 2nd PaCO₂, done during sleep or immediately upon awakening, breathing prescribed FI_{O2} shows PaCO₂ worsened > 7 mm Hg compared to original PaCO₂. **OR**
4. Facility based PSG or HST demonstrates oxygen saturation ≤ 88% for ≥ 5 minutes

Progress Note Documentation

1. Obstructive sleep apnea ruled out as the primary cause of hypercapnia (examples):
 - PSG/HST AHI < 5
 - Increase in PaCO₂ during sleep of > 10 mmHg
2. Symptoms of respiratory failure (examples)
 - Daytime hypersomnolence
 - Morning headache
 - Dyspnea
 - Cognitive dysfunction

Chronic Obstructive Pulmonary Disease (COPD)

Qualifying Testing

1. ABG with PaCO₂ ≥ 52 mmHg (on prescribed oxygen level) **AND**
2. *Overnight oximetry showing oxygen saturations < 89% for ≥ 5 minutes **Not required for Medicare FFS and Medicare Advantage Plans*

Progress Note Documentation

1. Sleep apnea ruled out as the primary cause of hypercapnia
2. For hospital discharges patient must have used RAD or NIV within 24-hour period prior to discharge and is at risk of symptom exacerbation or PCO₂ rise

Please Note: CMS has updated this policy, further guidance is expected late October 2025

Central Sleep Apnea

Qualifying Testing

1. PSG/HST AHI ≥ 5 **AND**
2. Central events are $> 50\%$ of total events **AND**
3. Central AHI ≥ 5 **AND**
4. Significant improvement of signs/symptoms on prescribed settings during an in-lab titration study

Progress Note Documentation (Prior to PSG/HST)

1. Signs symptoms of sleep disordered breathing (examples)
 - Difficulty initialing or maintain sleep
 - Frequent awakenings
 - Non-restorative sleep
 - Snoring
 - Witnessed apneas
 - Excessive daytime sleepiness

Complex (Treatment Emergent Central) Sleep Apnea

Qualifying Testing

1. PSG/HST AHI ≥ 5
On an in-lab titration study using CPAP or BIPAP without a backup respiratory rate, a pressure where:
2. The obstructive AHI is < 5 **AND**
3. Central events are $> 50\%$ of the total events **AND**
4. The central AHI is > 5 **AND**
5. Significant improvement of signs/symptoms on prescribed settings during an in-lab titration study

Progress Note Documentation (Prior to PSG/HST)

1. Signs symptoms of sleep disordered breathing (examples)
 - Difficulty initialing or maintain sleep
 - Frequent awakenings
 - Non-restorative sleep
 - Snoring
 - Witnessed apneas
 - Excessive daytime sleepiness

Prescription Requirements

Spontaneous BIPAP

IPAP/EPAP | Oxygen bleed-in (*if required*)
Supplies (heated humidifier, mask, filter, heated tubing)

Auto BIPAP

IPAP max | EPAP min | Pressure Support (PS) | Oxygen bleed-in (*if required*)
Supplies (heated humidifier, mask, filter, heated tubing)

BIPAP ST (*May not be initially ordered for OHS*)

IPAP/EPAP | Backup respiratory rate | Oxygen bleed-in (*if required*)
Supplies (heated humidifier, mask, filter, heated tubing)

BIPAP ST with iVAPS (*May not be initially ordered for OHS*)

EPAP | Pressure Support (PS) min | Pressure Support (PS) max | Backup respiratory rate | Target tidal volume (Vt) or minute ventilation (Va) | Oxygen bleed-in (*if required*)
Supplies (heated humidifier, mask, filter, heated tubing)

BIPAP Adaptive Servo Ventilation (ASV) (*Central or Complex Sleep Apnea only*)

EPAP (set) **OR** EPAP min | EPAP max | Pressure Support (PS) min | Pressure Support (PS) max | Oxygen bleed-in (*if required*)
Supplies (heated humidifier, mask, filter, heated tubing)

Restrictive Thoracic Disorder/Neuromuscular Disease

Qualifying Testing (at least one of the following):

1. PaCO₂ > 45 mmHg
2. Maximal inspiratory pressures < 60 cmH₂O
3. Forced vital capacity < 50% predicted

Progress Note Documentation

1. Specific diagnosis (examples):

- Amyotrophic Lateral Sclerosis (ALS)
- Kyphoscoliosis
- Diaphragmatic paralysis
- Multiple sclerosis (MS)
- Interstitial lung disease
- Thoracic cage abnormality

2. COPD ruled out as the primary cause of respiratory failure

3. Hospitalizations (if any)

4. Reasons BIPAP has been considered and ruled out (examples):

- Need for volume ventilation and backup respiratory rate
- Need for audible alarms
- Expected use > 8 hours per day
- BIPAP tried and failed

Obesity Hypoventilation (Pickwickian) Syndrome

Qualifying Testing

1. PaCO₂ > 45 mmHg
2. BMI ≥ 30 Kg/m²

Progress Note Documentation

1. Obstructive sleep apnea ruled out as the primary cause of hypercapnia (examples):

- PSG/HST AHI < 5
- Increase in PaCO₂ during sleep of > 10 mmHg

2. Reasons BIPAP has been considered and ruled out (examples):

- BIPAP tried and failed due to nocturnal desaturations or failure to correct hypercarbia
- Need for audible alarms Expected use > 8 hours per day
- Need for pressures greater than those provided by BIPAP

Chronic Obstructive Pulmonary Disease (COPD)

Qualifying Testing

1. ABG with PaCO₂ ≥ 52 mmHg (on prescribed oxygen level)

Progress Note Documentation

1. Sleep apnea ruled out as the primary cause of hypercapnia
2. For hospital discharges patient must have used NIV within 24-hour period prior to discharge and is at risk of symptom exacerbation or PCO₂ rise
3. One of the following:
 - Requires oxygen therapy at an FiO₂ ≥ 36% or ≥ 4L nasally, **OR**
 - Requires ventilatory support for more than 8 hours per 24-hour period, **OR**
 - Requires the alarms and internal battery of a HMV, because the patient is unable to effectively breathe on their own for more than a few hours and the unrecognized interruption of ventilatory support is likely to cause a life-threatening condition if the patient or caregiver cannot be otherwise alerted as determined, **OR**
 - Per the treating clinician, none of the below are likely to be achieved with consistent use of a RAD with backup rate feature for at least 4 hours per 24-hour period on at least 70% of days because the patient's needs exceed the capabilities of a RAD as justified by the patient's medical condition:

Chronic Obstructive Pulmonary Disease (COPD) continued

- Normalization (< 46 mmHg) of PaCO₂, **OR**
- Stabilization of a rising PaCO₂, **OR**
- 20% reduction in PaCO₂ from baseline value, **OR**
- Improvement of at least one of the patient symptoms associated with chronic hypercapnia
Valid RX including supplies, hours of use, and settings

Prescription Requirements

1. Set tidal volume
2. Backup respiratory rate
3. EPAP minimum
4. EPAP maximum
5. Pressure Support (PS) minimum
6. Pressure Support (PS) maximum
7. Hours of use
8. Oxygen bleed-in (LPM) *if required*
9. Supplies: Mask Tubing Filters
10. Ordering provider signature *may be electronically signed*
11. Date of signature *may be electronically dated*

Initial Setup

Dispensing Order Requirements

1. Patient name
2. Order date
3. Specific brand of CGM/Accessories/Supplies
4. Frequency, if applicable, and quantity of supplies
5. Treating practitioner's name
6. Treating practitioner's signature
7. Treating practitioner's signature date

Progress Note Documentation

1. Diagnosis of diabetes mellitus **AND**
2. Within the prior 6 months, either an in-person or telehealth visit to evaluate diabetes control **AND**
3. One of the below:
 - a. Patient is on insulin **OR**
 - b. Patient has a history of problematic hypoglycemia with at least one of the following:
 - i. Patient a history of recurrent (more than one) level 2 hypoglycemic events documented by:
 1. Glucose value < 54 mg/dl (3.0 mmol/L) **OR**
 2. Classification of hypoglycemic events as level 2 **OR**
 3. A copy of the BGM testing log showing the specific qualifying events (glucose < 54 mg/dl (3.0 mmol/L)) **AND**
 4. Documentation of at least two previous medication adjustments and/or modification to the treatment plan prior to the most recent level 2 event
 - ii. Patient with at least one level 3 hypoglycemic event documented by:
 1. Glucose value for the qualifying event (glucose < 54 mg/dl (3.0 mmol/L)) **OR**
 2. Classification of the hypoglycemic event as level 3 **OR**
 3. A copy of the BGM log showing the specific qualifying event (glucose < 54 mg/dl (3.0 mmol/L)) **AND**
 4. An indication in the medical record reflecting the patient required third party assistance for treatment

Resupply Requirements

Every six months following the initial prescription the patient must have an in-person or approved telehealth visit with the treating practitioner (pharmacists are not classified as treating practitioners)

Progress Note Documentation

Adherence to the CGM regimen and diabetes treatment plan.

***A new prescription is required every 12 months**

Information Updated as of 9.25.25

www.cms.gov

Please always refer to Centers for Medicare & Medicaid Services (CMS) for the most current information and guidelines.

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