

MEDICARE CRITERIA FOR NOCTURNAL VOLUME VENTILATOR

QUALIFYING DIAGNOSES:

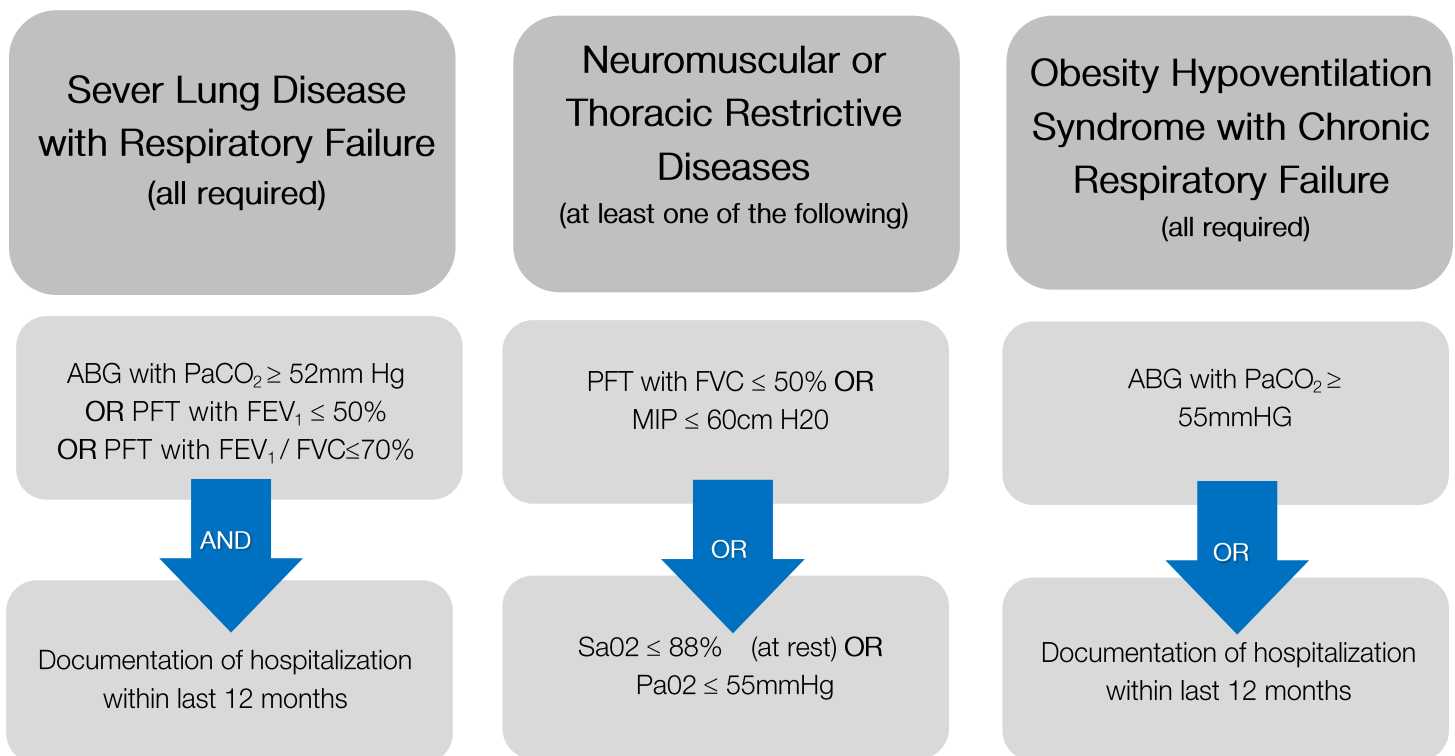
CHRONIC RESPIRATORY FAILURE SECONDARY TO:

- COPD
- Emphysema
- Bronchiectasis
- Chronic Bronchitis
- Cystic Fibrosis
- Obesity Hypoventilation Syndrome

NEUROMUSCULAR DISEASES & THORACIC RESTRICTIVE DISEASES:

- ALS
- Multiple Sclerosis
- Muscular Dystrophy
- Poliomyelitis
- Kyphoscoliosis
- Myasthenia Gravis
- Paraplegia
- Polyneuritis
- Myopathy
- Musculoskeletal deformities
- Disorder of the Diaphragm
- Interstitial Lung Disease
- Sarcoidosis
- Pulmonary Fibrosis

REQUIRED DOCUMENTATION (BY DISEASE STATE)



Criteria from GOLD, COPD foundation, ALS Association, ATS, and CMS Ventilator Standards

ISSUES TO CONSIDER:

- Ordering Nocturnal Volume Ventilator
- Daytime use to reduce risk of exacerbation
- Home BiPAP insufficient due to severity of patient's condition, absence of respiratory support may lead to death