# 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)

Sever Lung Disease with Respiratory Failure (all required) Neuromuscular or Thoracic Restrictive Diseases

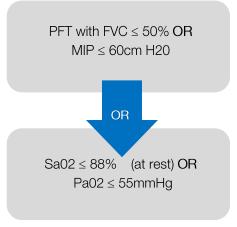
(at least one of the following)

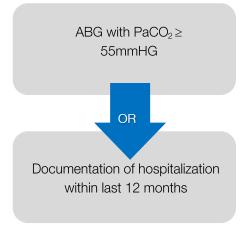
Obesity Hypoventilation Syndrome with Chronic Respiratory Failure (all required)

ABG with PaCO₂≥ 52mm Hg
OR PFT with FEV₁ ≤ 50%
OR PFT with FEV₁ / FVC≤70%

AND

Documentation of hospitalization
within last 12 months





\*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