



## COVERAGE CRITERIA FOR NON-INVASIVE VENTILATION

Acceptable documentation for coverage\* of a non-invasive ventilator (NIV), like the **Life2000** ventilation system, must be submitted that demonstrates disease progression and severity as well as indicates the prescriber's reasoning for medical necessity. Typical candidates for this device are those needing more ventilatory support than can be provided with a Bilevel, and those that need this support while ambulating.

Submit documentation for each category with the prescription to support your patient's coverage.

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### DEMONSTRATE DISEASE SEVERITY AND PROGRESSION

Include at least one test result and all relevant notes to demonstrate COPD or other pulmonary disease severity and Chronic Respiratory Failure:

#### TEST RESULTS

- Pulmonary Function Test (PFT)**  
(within 90 days of NIV order date and previous tests demonstrating disease progression)  
Indicate COPD stage if applicable (FEV<sub>1</sub> <50%)
- Arterial Blood Gas (ABG)**  
(within 90 days of NIV order date and previous tests demonstrating disease progression)

**NOTE:** Not all payers require test results within 90 days, varies by payer.

#### DOCUMENTATION (TYPICALLY LAST 3 VISIT NOTES) THAT INCLUDES:

- Confirmation of diagnosis
- Explanation of why non-invasive ventilation is medically necessary
- Need for ventilation and changes in condition since last PFT and/or ABG
- Explanation of why ventilatory support may benefit the patient
- Explanation of why use of NIV for ambulation may benefit the patient

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### INDICATE BILEVEL HAS BEEN TRIED/ FAILED OR CONSIDERED/RULED OUT AS AN OPTION

Include at least one of the following, depending on the patient's situation:

- For patients who use Bilevel, explain why they should be switched to ventilatory support
- For patients who do not use Bilevel, explain why this therapy was ruled out

**NOTE:** Patients that use and tolerate CPAP or Bilevel will likely not qualify for coverage unless these are being used for sleep disordered breathing and NIV is being prescribed strictly for mobile ventilatory support related to another diagnosis – documentation noting this required.

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### PATIENTS THAT ALREADY HAVE A NON-INVASIVE VENTILATOR

Include the reason why the patient needs the **Life2000** ventilation system in addition to their current regimen.

\*Some payers may have additional requirements including, but not limited to, face-to face encounter, prior authorization, on-going medical need, and collection on compliance data.

# COMMONLY REIMBURSED DIAGNOSES FOR NIV

National Coverage Determination for Durable Medical Equipment (280.1): Covered for the treatment of chronic respiratory failure consequent to chronic obstructive pulmonary diseases, thoracic restrictive diseases, and neuromuscular diseases.

CHRONIC RESPIRATORY FAILURE (CRF) DIAGNOSIS*	COPD DIAGNOSIS	OTHER RESPIRATORY	THORACIC RESTRICTIVE DISEASE	NEUROMUSCULAR DISEASE
CRF consequence of COPD/ Other Respiratory <ul style="list-style-type: none"> <li>- CRF with Hypoxia</li> <li>- CRF, unspecified with Hypoxia or Hypercapnia</li> <li>- Chronic Respiratory Failure with Hypercapnia</li> <li>- Acute and Chronic Respiratory Failure, unspecified with Hypoxia or Hypercapnia</li> <li>- Acute and Chronic Respiratory Failure with Hypoxia</li> <li>- Acute and Chronic Respiratory Failure with Hypercapnia</li> </ul>	COPD with exacerbation  COPD unspecified	Chronic Bronchitis  Emphysema  Bronchiectasis	Obesity Hypoventilation Syndrome  Idiopathic Pulmonary Fibrosis  Interstitial Pulmonary Disease, unspecified  Sarcoidosis of the lung or unspecified  Kyphosis  Scoliosis	
* For patients that have medical documentation to support a diagnosis of CRF, the medical records MUST ALSO include support for COPD or other respiratory diagnosis. One cannot stand by itself (CRF + COPD or Other Respiratory). Acute Respiratory Failure alone is not sufficient.			Thoracic Restrictive Diseases and Neuromuscular Diseases do not require a CRF diagnosis.	

NOTE: Medical record documentation must clearly support the diagnosis, demonstrate disease progression and need for ventilatory support.

The information provided in this document is for educational purposes only and is not intended to serve as reimbursement advice. It is the responsibility of the provider to consult with the Medicare Program or other applicable health plan for appropriate coding and reporting of all items and services. In all cases, items and services billed must be medically necessary, actually furnished as reported and appropriately documented in conformance with applicable standards. Billing codes (e.g., E0290) and coverage criteria are subject to change. Consult the appropriate Medicare contractor with questions related to Medicare coverage, including the Pricing, Data Analysis & Coding (PDAC) contractor for product coding questions and the respective DMEMAC for other coding or criteria questions.

For complete Important Risk Information, please refer to the **Life2000** ventilation system Instructions for Use.

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