

## 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.

### 1 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

\*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.

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### 2 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.

### 3 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.



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., EO290) 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.

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