NIPPV Needed Upon Discharge From A Hospital Setting

Fax: 907-561-9221
Phone: 907-561-9220
Orders@MyTritonSupply.com

RAD With or Without Back Up Rate E0470/E0471	Non-Invasive Ventilation (NIV)
Initial Coverage (First 6 Months)	Initial Coverage (First 6 Months)
1. The patient has acute on chronic respiratory failure due to COPD ($PaCO_2 \geq 52$ mmHG by arterial blood gas during awake hours while breathing his/her prescribed FiO_2)	1. The patient has acute on chronic respiratory failure due to COPD ($PaCO_2 \geq 52$ mmHg by arterial blood gas during awake hours while breathing his/her prescribed FiO_2)
2. The patient required either a RAD or ventilator within the 24-hour period prior to hospital discharge.	2. The patient's needs exceeded the capabilities of a RAD (with or without backup rate feature) and required usage of a ventilator within the 24-hour period prior to hospital discharge.
3. The treating clinician determines that the patient is a risk of rapid symptom exacerbation or rise in $PaCO_2$ after discharge.	3. The treating clinician determines that the patient is at risk of rapid symptom exacerbation or rise in $PaCO_2$ after discharge.