



Mechanical Ventilation (Invasive and Non-Invasive) Documentation

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Documentation Requirements

Medicare/Medicaid (Commercial plans follow similar guidelines but are subject to the member's plan.)

- Invasive Ventilator or Non-Invasive Ventilation Prescription
- Medicaid – Medicaid Certification of Medical Necessity
 - May replace prescription form if the “plan” section of the CMN lists all equipment and quantity of supplies needed per month.

Medical Records

- Face-to-face visit with the treating practitioner documenting the condition requiring the ventilator.
 - This should be a comprehensive visit, with the symptoms documented that are related to the qualifying condition. Please include any testing that supports the diagnosis.
 - For Medicaid, this visit must be within the last 6 months.
- The medical record must support that the patient has one of the following:
 - A neuromuscular disease
 - Chronic respiratory failure consequent to Chronic Obstructive Pulmonary Disease (COPD)
 - A thoracic restrictive disease
- The medical record must support why the patient needs a ventilator and why another method of treatment, such as a respiratory assist device (RAD), would not sufficiently treat the patient.