Non-Invasive Ventilation for Chronic Respiratory Failure Consequent to COPD

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Initial Coverage (First 6 Months)	Continued Coverage
The patient exhibits hypercapnia as demonstrated by PaCO2 ≥ 52 mmHg by arterial blood gas during awake hours while breathing their prescribed FiO2	Patients must be evaluated at least twice within the first year after initially receiving an NIV. Evaluations must occur by the end of the six-month initial coverage period and again during months 7-12. After the first 12 months, the patient must be compliant in their usage every month to continue coverage of the rental machine.
Sleep apnea is not the predominant cause of hypercapnia (Formal sleep testing is not required if, per the treating clinician, the patient does not experience sleep apnea as the predominant cause of hypercapnia).	**First Evaluation:** By 6 months after receiving initial coverage of an NIV, the treating clinician must establish that usage criteria are being met. Specifically, the patient must be determined by a clinician to use the ventilator at least 4 hours per 24-hour period, on at least 70% of days in a 30-day period. **Second Evaluation:** Between 7-12 months after initially receiving an NIV, the treating clinician must establish the patient is using the device at least 4 hours per 24-hour period on at least 70% of days in each paid rental month.

The patient demonstrates at least one of the following:
• Requires oxygen therapy at an FiO2 ≥ 36% or ≥ 4L nasally, or
• Requires ventilatory support for more than 8 hours per 24-hour period, or
• Requires the alarms and internal battery of an HMV, because the patient is unable to effectively breathe on their own for more than a few hours and the unrecognized interruption of ventilatory support is likely to cause a life-threatening condition if the patient or caregiver cannot be otherwise be alerted, or
• None of the below are likely to be achieved with the consistent use of a RAD with backup rate feature for at least 4 hours per 24 hour period on at least 70% of days because of the patient's needs exceed the capabilities of a RAD as justified by the patient's medical condition:
  ○ Normalization (< 46 mmHg) of PaCO2, or
  ○ Stabilization of a rising PaCO2, or
  ○ 20% reduction in PaCO2 from baseline value, or
  ○ Improvement of at least one of the following patient symptoms associated with chronic hypercapnia:
  ▪ Headache
  ▪ Fatigue
  ▪ Shortness of breath
  ▪ Confusion
  ▪ Sleep quality
	Post second evaluation:
	The patient must be using the device at least 4 hours per 24-hour period on at least 70% of days in each remaining paid rental month and any month in which accessories/supplies are dispensed.