group health Cooperative of eau claire **KMTSJ, Inc.**	DEPARTMENT:	Utilization Management
	SUBJECT:	Home Non-invasive Ventilators
	PRODUCT LINE:	All
	POLICY NUMBER:	UM112
	ORIGINAL POLICY EFFECTIVE DATE:	01/01/2022
	LAST REVISED DATE:	
	LAST REVIEWED DATE:	12/10/2023

SCOPE: To ensure Group Health Cooperative of Eau Claire (the Cooperative) consistently and correctly administers noninvasive ventilator (NIV) benefits to all members according to their policy specifics.

POLICY: It is the policy of the Cooperative to review prior authorization requests for NIV for home ventilation according to evidence based medical criteria as outlined in this policy. For other respiratory assist devices such as CPAP, BiPAP, and ASV please use InterQual criteria sets.

PROCEDURE: Prior authorization required: YES

Coverage Criteria:
Non-invasive ventilators for home ventilation are considered medically necessary when the following criteria are met.
The member must have a life-threatening condition.

Restrictive Thoracic Disorders or Neuromuscular Disease

1. Documentation of a neuromuscular disease (ex. amyotrophic lateral sclerosis) or a severe thoracic cage abnormality
2. An arterial blood gas partial pressure of carbon dioxide (PaCO2) was measured while awake and breathing room air or on prescribed oxygen with a measurement of: PaCO2 ≥ 45 mm Hg;
3. Sleep Oximetry demonstrates O2 saturation ≤88% for at least 5 mins while breathing prescribed O2;
4. If member has a neuromuscular disease, maximal inspiratory pressure is < -60 cm H20, or forced vital capacity is < 50% predicted;
5. Respiratory failure has failed to improve with an adequate trial of bilevel positive airway pressure (Bi-PAP), as evidenced by one of the following: (Note: PaCO2 levels may not normalize even with adequate response to Bi-PAP therapy. Failure to normalize PaCO2 levels alone is not considered a therapeutic failure of Bi-PAP)
   a. Intolerance to Bi-PAP, as indicated by the member's request to discontinue nocturnal assisted ventilation;
   b. Worsening dyspnea, hemodynamic instability, or unresponsive hypoxemia;
   c. Signs of respiratory failure, including tachypnea (respiratory rate >24/min) and respiratory acidosis (e.g., pH <7.35);
6. Chronic obstructive pulmonary disease (COPD) does not contribute significantly to the member's pulmonary limitation;
7. None of the following contraindications:
   a. FIO2 requirement > 0.40;
   b. Positive-end expiratory pressure (PEEP) > 10 cm H2O;

c. Need for continuous invasive monitoring in adult patients.

Chronic Respiratory Failure from Severe COPD

1. Member has had an arterial blood gas PaCO2 measurement, done while awake and breathing at their baseline and prescribed FIO2, which is greater than or equal to 52 mm Hg;

2. Prior to initiating therapy, sleep apnea and treatment with a continuous positive airway pressure device (CPAP) has been considered and ruled out. (Note: Formal sleep testing is not required if the medical record demonstrates that sleep apnea is not the predominant cause of awake hypercapnia or nocturnal arterial oxygen desaturation;

3. Respiratory failure has failed to improve with an adequate trial of BiPAP, as evidenced by one of the following: (Note: PaCO2 levels may not normalize even with adequate response to Bi-PAP therapy. Failure to normalize PaCO2 levels alone is not considered a therapeutic failure of BiPAP);
   b. Worsening dyspnea, hemodynamic instability, or unresponsive hypoxemia;
   c. Signs of respiratory failure: include tachypnea (respiratory rate >24/min) and respiratory acidosis (pH <7.35);

4. None of the following contraindications:
   a. FIO2 requirement > 0.40;
   b. PEEP > 10 cm H2O;
   c. Need for continuous invasive monitoring

Obesity Hypoventilation Syndrome

1. Member has a BMI greater than 30;
2. Member has had an initial arterial blood gas PaCO2, done while awake and breathing the beneficiary's prescribed FIO2, is greater than or equal to 45 mm Hg;
3. Respiratory failure has failed to improve with an adequate trial of BiPAP as evidenced by one of the following: (Note: PaCO2 levels may not normalize even with adequate response to Bi-PAP therapy. Failure to normalize PaCO2 levels alone is not considered a therapeutic failure of BiPAP);
   b. Worsening dyspnea, hemodynamic instability, or unresponsive hypoxemia;
   c. Signs of respiratory failure: include tachypnea (respiratory rate >24/min) and respiratory acidosis (pH <7.35).
   d. An arterial blood gas PaCO2, done during sleep or immediately upon awakening, and breathing the beneficiary's prescribed FIO2, shows the beneficiary's PaCO2

worsened greater than or equal to 7 mm HG compared to the original result

4. None of the following contraindications:
   a. FIO2 requirement > 0.40;
   b. PEEP > 10 cm H2O;
   c. Need for continuous ventilation

A noninvasive ventilator is considered not medically necessary when the sole purpose of the home ventilator Is to function as a respiratory assistance device (RAD) including continuous positive airway pressure (CPAP), auto-titrating PAP (APAP), bilevel positive airway pressure (BPAP, BiPAP), adaptive servo-ventilation (ASV), average volume assured pressure support (AVAPS), or intelligent volume assured pressure support (iVAPS)
• treatment for obstructive sleep apnea

APPROVED: Michele Bauer MD. DATE: 12/10/2023

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
01/02/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
12/10/2023	Michele Bauer, MD, CMO	Reviewed. No changes.