NON-INVASIVE VENTILATORS

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Non-invasive ventilator treatment is generally covered if treatment is needed for:

- Neuromuscular disorder
- Thoracic disorder diseases
- Chronic respiratory failure associated with a respiratory illness such as chronic obstructive pulmonary disease (COPD)

If patient has had repeated hospital admissions due to respiratory failure, make sure that this information is documented because it will help meet coverage. If a ventilator is used, make sure follow-up visits are documented in the medical record by treating practitioner to show there was a decrease in admissions. **Remember Medicare pays for least costly alternative, which means a BiPAP or BiPAP S/T needs to be considered, or tried and ruled out. Clinical documentation must be specific to the individual patient's needs.**

Make sure the documentation is very clear and thorough as to why the patient needs a ventilator versus a respiratory assist device such as a BiPAP or BiPAP S/T. The documentation must reflect that the patient has a condition that is life-threatening. The medical record needs to include discussion of the underlying condition and whatever evidence is appropriate for the condition to show that without ventilator support the patient is at a significant risk for death.

Justifications might include the fact that the only other alternative would be a tracheostomy which would increase chances of infections and adds increased trauma to an already stressed patient and his/her family.

Monthly rental payments include the payment for supplies and accessories.