

NON-INVASIVE VENTILATION DETAILED WRITTEN ORDER

Fax Completed Form To: 586-755-4450

Phone: 888-246-7667

REFERRAL SOURCE

Referral Name _____ Referral Contact Name _____
 Order Date _____ Phone _____ Fax _____

PATIENT INFORMATION

Patient Name _____ Last _____ First _____ DOB _____
 Street Address _____ City _____ State _____ Zip Code _____

Diagnosis ICD-10

☐ Chronic Respiratory Failure **J96.10** Consequent to Chronic Obstructive Pulmonary Disease **J44.9**
☐ Other (description) _____ (ICD-10 code) _____

PRESCRIBED EQUIPMENT

Equipment ordered: Home Ventilator Hours of use: ☐ During Sleep ☐ PRN while awake
☐ Used with Non-Invasive Interface (E0466) and all needed supplies ☐ Heated Humidifier (E0562)
 Estimated length of need: _____ months (99=lifetime)

PRESCRIBED SETTINGS FOR NON-INVASIVE VENTILATION

☐ Licensed Practitioner is authorized to titrate ventilator parameters within the prescribed mode of ventilation and ranges to maximize the patient's ventilatory support, adherence to therapy, and comfort.

☐ V*Home: Primary Mode: ☐ Vol. Targeted PS ☐ Vol. Targeted Pressure PC ☐ Other: _____
 MIN PS: _____ cmH2O MAX PS: _____ cmH2O PEEP: MIN: _____ cmH2O MAX: _____ cmH2O
 Rate: _____ Volume: _____ ml Insp. Time: _____ OR FIXED PEEP _____ cmH2O
☐ + High Flow Mode: Mode – SIMV Press Flow Rate: _____ lpm ☐ O2 Bleed in _____ lpm **OR** ☐ Bleed in O2 to keep O2 Stats>90%

☐ Astral: Primary Mode: ☐ IVAPS w/Auto EPAP ☐ IVAPS MIN PS: _____ MAX PS: _____ EPAP MIN: _____ EPAP MAX: _____
☐ PS w/Safety Vt: ☐ PAC ☐ Other: _____ EPAP/PEEP Fixed: _____ Taret Rate: _____ Target Volume: _____

☐ Trilogy 100/EVO: Primary Mode: ☐ AVAPS AE PR MAX: _____ MIN PS: _____ MAX PS: _____ EPAP MIN: _____ EPAP MAX: _____
☐ Other: _____ Rate: _____ Volume: _____ Insp. Time: _____ (if rate = "auto" then "N/A")

☐ For MPV: ☐ AC-PC Mode: iTime _____ Pressure: _____ ☐ AC-VC Mode: _____ iTime _____ Pressure: _____
☐ PS Mode (Astral only): iTime _____ PS: _____ *Note: MPV must be ordered in conjunction with an NIV therapy mode.

☐ Other Device: _____ MIN PS: _____ MAX PS: _____ EPAP MIN: _____ EPAP MAX: _____
 Rate: _____ Volume: _____ ml OR _____ EPAP/PEEP Fixed: _____
☐ + High Flow Mode: Row Rate: _____ lpm ☐ O2 Bleed in _____ lpm **OR** ☐ Bleed in O2 to keep O2 Stats>90% *Note: HFT must be ordered with NIV

☐ Secondary Settings: _____

☐ Other: _____

I authorize using this document as a dispensing prescription by my signature below. I understand that the final decision for ordering these items for this patient is a clinical decision I have made, based on the patient's clinical needs, and that my records concerning this patient support the medical need for the items prescribed. Furthermore, I acknowledge that I have considered, and decided against, ordering a BiLevel device for this patient.

Print Prescriber's Name: _____ NPI#: _____

Prescriber's Address: _____

Prescriber's Signature: _____ Signature Date: _____

When coverage guidelines are met, non-invasive ventilation is covered for:

Severe neuromuscular or restrictive thoracic diseases and chronic respiratory failure consequent to severe chronic obstructive pulmonary disease (COPD).

Please include the following documentation:

- Face to Face evaluation documenting:
 - Patient's medical history and respiratory ailment.
 - For COPD patients *ONLY* one of the following:
 - $pCO_2 \geq 52$ mmHg or/and $FEV_1 < 50\%$ of predicted; *OR*
 - pCO_2 between 48-51 mmHg or $FEV_1 < 51-60\%$ of predicted obtained AND have two or more respiratory-related hospital admissions within the past 12 months.
 - Reason for medical necessity, including why the patient requires mechanical ventilatory support due to severe and/or life-threatening disease state and consequences if the patient does not receive it.
 - If the patient was on Bi-Level therapy as an outpatient, explain why NIV is replacing the current therapy.
- Other documentation (if available):
 - For neuromuscular patients, FVC or MIP/NIF test results.
 - For Restrictive Thoracic patients, pCO_2 or FVC test results.
 - Last hospital admission/re-admission.