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OptumCare

## Qualification Guidelines for Home NIV

Complete this form to qualify hypercapnic COPD patients for home noninvasive ventilation therapy. (Qualifications based on 2012 Medicare guidelines

| Patient Name _____ DOB_____ Room _____ | |
|---|---|
| 1. Obstructive Sleep Apnea (OSA) and treatment with a continuous positive airway pressure device (CPAP) has been considered and ruled out.<br>a. OSA and CPAP have been considered and ruled out: | 1a. ☐ YES |
| 2. Please attach a printed report of the following: An arterial blood gas draw done while patient is awake, breathing the patient's prescribed FiO2 , shows PaCO2 ≥ 52 mm Hg.<br>a. Patient was awake during arterial blood gas draw:<br>b. Blood draw was done on patient's prescribed FiO2: | 2a. ☐ YES<br>2b. ☐ YES |
| 3. Please attach a printed report of the following: Sleep oximetry demonstrates oxygen saturation ≤ 88% for ≥ 5 minutes of nocturnal recording time (minimum recording time of 2 hours), done while breathing oxygen at 2 LPM or the patient's prescribed FiO2 (whichever is higher).<br>a. Oxygen saturation ≤ 88% for ≥ 5 minutes:<br>b. Oximetry recording was performed for at least 2 hours:<br>c. Oximetry recording was performed nocturnally:<br>d. Patient was breathing 2 LPM oxygen or _____ (the patient's prescribed FiO2, whichever is higher): | 3a. ☐ YES<br>3b. ☐ YES<br>3c. ☐ YES<br>3d. ☐ YES |

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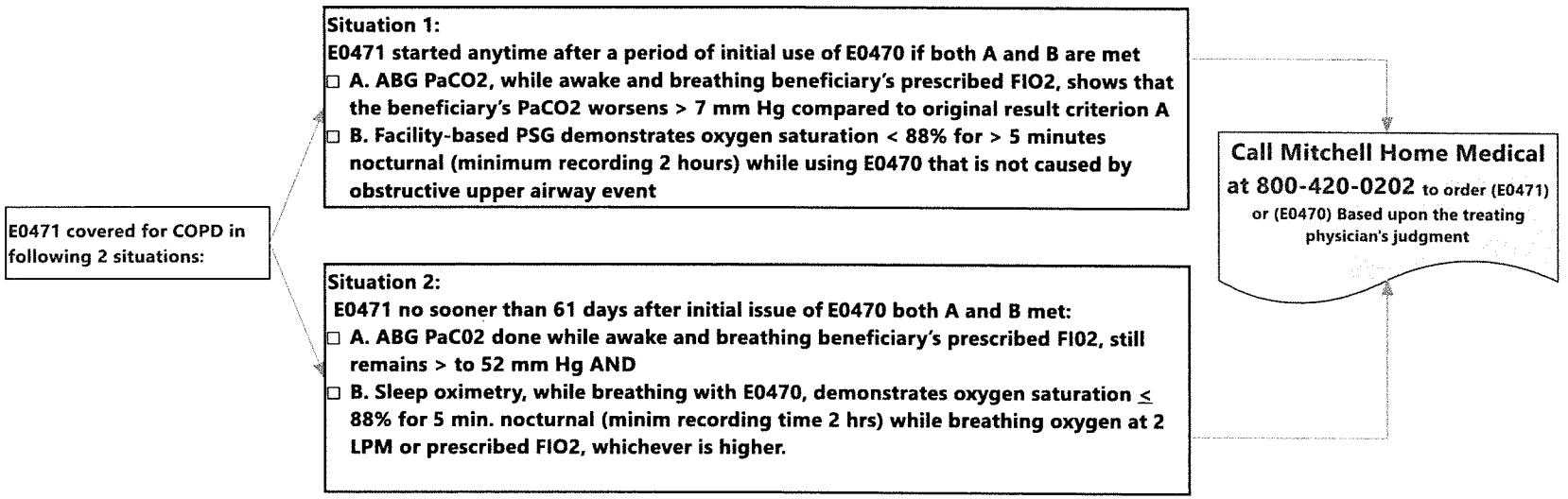
## III. Severe COPD Coverage




## IV. Hypoventilation Coverage