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Discharging Chronic Respiratory Patients on NIV

Objectives

- Treating Chronic Respiratory Diseases
- NIV Coverage Criteria
- Managing the Patient at Home

Treating Chronic Respiratory Disease

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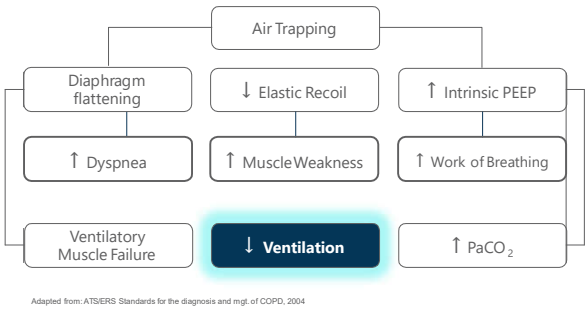
Chronic Respiratory Diseases

- **Chronic Obstructive Pulmonary Disease (COPD)**
- **Amyotrophic Lateral Sclerosis (ALS) and other Neuromuscular diseases**
- **Obesity Hypoventilation Syndrome (OHS)**
- **Treatment Goals**
  - Reduce the symptom burden
  - Prevent adverse events
    - Exacerbation
    - Hospitalization
    - Worse

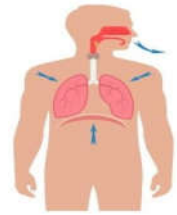
COPD: CO2 & Work of Breathing

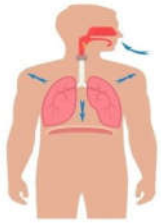
+ Addressing the underlining issue: CO2 & Respiratory Muscle Fatigue



Adapted from: ATS/ERS Standards for the diagnosis and mgt. of COPD, 2004

Supplemental O2 is no longer enough





+ Ventilation = the removal of CO2 from the body

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How Does NIV Help?

+ **Improves Oxygenation**
+ **Lowers CO2**
+ **Reduces the Work of Breathing**

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Ventilatory Support Devices

- **Ventilators**
  - Invasive Ventilators
  - Non-invasive Ventilators (NIV or NIMV)
- **Respiratory Assist Devices**
  - BiLevel with Volume (VAPS)
  - BiLevel ST
- **BiLevel S**

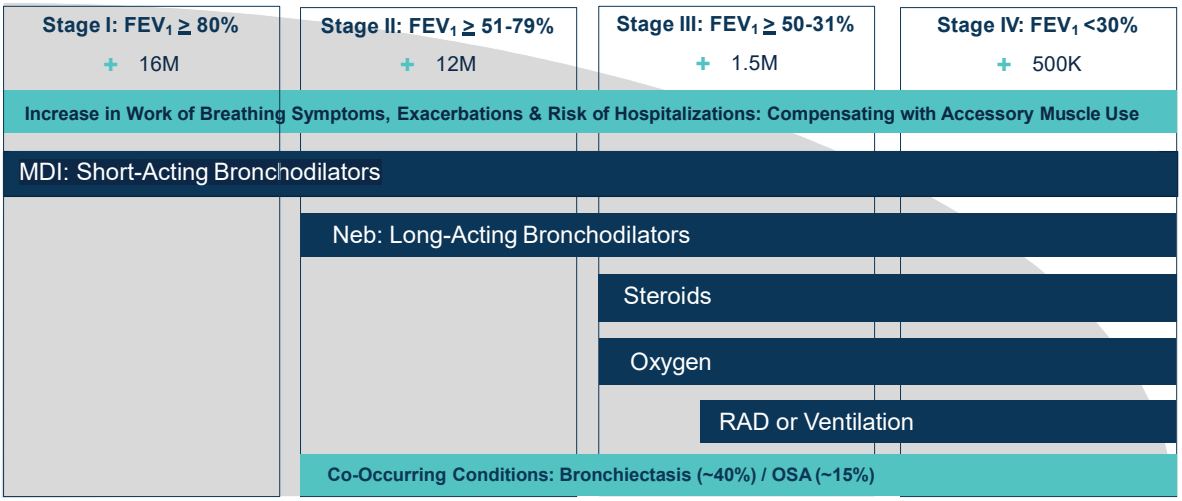
Ventilator Options

- **Standard**

- **Ambulatory**

- **Multi-Function**

Managing COPD: Disease Progression



Earlier Intervention and Consistency of Care = Better Patient Outcomes + Strengthening Referral Relationships

Other Therapies

- **Respiratory Medications**
  - Inhalers
  - Nebulizers
- **Oxygen Therapy**
  - Stationary Concentrators
  - Oxygen Cylinders
  - Portable Oxygen Concentrators
  - Home Fill Systems
- **Airway Clearance**
  - Vest Therapy
  - Cough Assist
  - Oscillating Lung Expansion

NIV Coverage Criteria

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Local Coverage Determination (LCD): Respiratory Assist Devices (L33800)

+ VENTILATOR WITH NOINVASIVE INTERFACES

The Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations Manual (Internet-Only Manual, Publ. 100-03) in Chapter 1, Part 4, Section 280.1 stipulates that ventilators (E0465, E0466) are covered for the following conditions:

"[N]euromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease."

Each of these disease categories are comprised of conditions that can vary from severe and life-threatening to less serious forms. These ventilator-related disease groups overlap conditions described in this Respiratory Assist Devices LCD used to determine coverage for bi-level PAP devices. Each of these disease categories are conditions where the **specific** presentation of the disease can vary from patient to patient. For conditions such as these, the **specific** treatment plan for any individual patient will vary as well. Choice of an appropriate treatment plan, including the determination to use a ventilator vs. a bi-level PAP device, is made based upon the **specifics** of each individual beneficiary's medical condition.

In the event of a claim review, there must be **sufficient detailed information** in the medical record to justify the treatment selected.

Ventilators fall under the Frequent and Substantial Servicing (FSS) payment category, and payment policy requirements preclude FSS payment for devices used to deliver continuous and/or intermittent positive airway pressure, regardless of the illness treated by the device. (Social Security Act 1834(a)(3)(A)) This means that products currently classified as HCPCS code E0465 or E0466 when used to provide CPAP or bi-level PAP (with or without backup rate) therapy, regardless of the underlying medical condition, shall not be paid in the FSS payment category. A ventilator is not eligible for reimbursement for any of the conditions described in this RAD LCD even though the ventilator equipment may have the capability of operating in a bi-level PAP (E0470, E0471) mode. Claims for ventilators used to provide CPAP or bi-level CPAP therapy for conditions described in this RAD policy will be denied as not reasonable and necessary.

Ventilators HCPS Codes

- E0465 Home ventilator, any type, used with invasive interface, (e.g., tracheostomy)
- E0466 Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)
- E0467 Home ventilator, multi-function respiratory device, also performs any or all the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
- E0468 Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions (New code effective 4/1/2024)

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Ventilator Coverage Overview

- Diagnosis of either neuromuscular disease, thoracic restrictive disease, or chronic respiratory failure consequent to chronic obstructive pulmonary disease
- Severity of the condition suggests patient suffers from a life-threatening condition.

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Ventilator Coverage Overview

- Alternative methods of ventilatory support, in the form of RAD therapy (with or without back-up rates) have been tried and failed or have been considered and ruled out as effective. Specific reasons for the ineffectiveness of the RAD device should be based on the patient's medical history should be clearly documented..
- Diagnostic testing(s) (ABG, PFT) should be included with documentation and should support the diagnoses and necessity of the ventilator.

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RAD vs. NIV

Clinical Differences

- **RAD (Respiratory Assist Device)**
  - Provides adjustable positive airway pressure for patients with certain chronic respiratory issues.
  - Used in non-life-threatening cases, such as chronic respiratory failure from COPD, obesity hypoventilation syndrome (OHS), and thoracic restrictive diseases.
  - Examples include BiPAP modes like AVAPS and iVAPS.
  - Not considered a life-support device.

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RAD vs. NIV

Clinical Differences

- **NIV (Non-Invasive Ventilation)**
  - Provides more advanced ventilatory support and is often used when RAD therapy fails.
  - Suitable for more severe cases, including when interruption could lead to harm or death. Includes ventilator-only modes like Assist Control, SIMV, and Pressure Control.
  - Can be used in both non-invasive and invasive scenarios (e.g., with a tracheostomy if needed).

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Documentation and Notes

- Supplier-produced records, even if signed by the prescribing physician/practitioner, and attestation letters (e.g., letters of medical necessity) are deemed not to be part of a medical record for Medicare payment purposes.
- Medical records addenda (corrections, delayed entries) should not be used routinely
- Hand-written notes will always come under a higher level of review
- We cannot accept records that have:
  - Both electronic and hand-writing within the same note
  - Hand-written notes amending an EMR note
- Diagnostics more than 24 months old will not be accepted as qualifying testing
- The ordered mode is a ventilation mode NOT a RAD mode
- Parachute notes are supporting documentation.
  - We must have F2F notes that align with the parachute note.
  - Medical records should support an individualized plan of care and treatment options specific to the patient's condition.

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Documentation and Notes

- Ventilator-related disease groups overlap conditions described in the Respiratory Assist Devices LCD used to determine coverage for RAD devices.
  - These disease categories are conditions where the specific presentation of the disease can vary from patient to patient. The specific treatment plan for any individual patient can also vary.
- Choice of an appropriate treatment plan, including the determination to use a ventilator vs. a RAD device, is made based upon the specifics of each individual beneficiary's medical condition.
- In the event of a claim review, there must be sufficiently detailed information in the medical record to support the treatment selected.

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Ventilator RX

- Standard written orders (SWO) are required for ventilator devices.
  - Beneficiary's name or Medicare Identifier
  - Order date
  - General description of the item; this may include the HCPS code, code narrative, or brand name/model number
- Treating practitioner name or NPI and signature
- Device settings that are applicable to the model of ventilator

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Discharge Best Practices

- **Ensure a safe discharge**
- **Consider additional therapies the patient may need**
- **Choose the DME partner carefully**
  - Communicate with them early and often
  - Clinical programs and resources
  - Quality Control process
  - Patient satisfaction
  - Accreditation
- **Track outcomes**

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Managing the Patient at Home

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High Touch Approach

- **Follow up protocol**
  - RT Initial Assessment at Set Up and Delivery
  - 24 hour follow up
  - Week 1 Contact
  - 2 weeks Contact
  - 3 weeks Contact
  - 30 days Contact
  - 90 days Contact on-going
- **On-going**
  - 24/7 Support Available
  - On call clinicians
  - Compliance Checks

Compliance

- **Utilization Verification**
  - Downloads
  - Modem technology
- **Encouragement**
  - Individualized Education & Instruction
  - Coaching & Goal Setting
  - Lifestyle Training
  - Engagement & Empowerment
- **Success**
  - Ensure Patient is Receiving Benefits of Therapy
  - Clinical Assessments
  - Hands On Respiratory Care Provided in the Home
  - Living vs. Existing

Increasing Ambulation

- **Investment in Technology**
  - Portable Oxygen Concentrators
  - Ambulatory Ventilation
  - Travel CPAP's
  - Pocket Nebulizers
- **Pulmonary Rehabilitation**
- **Travel Program/Network**

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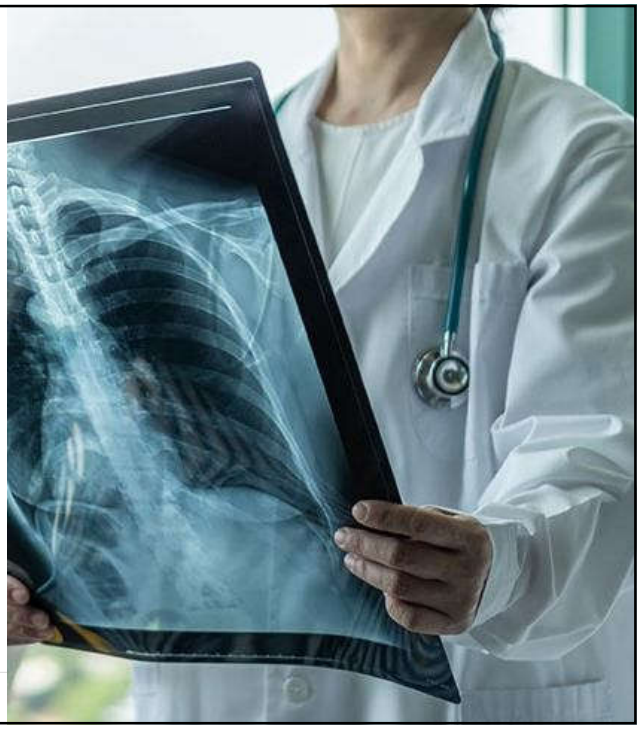

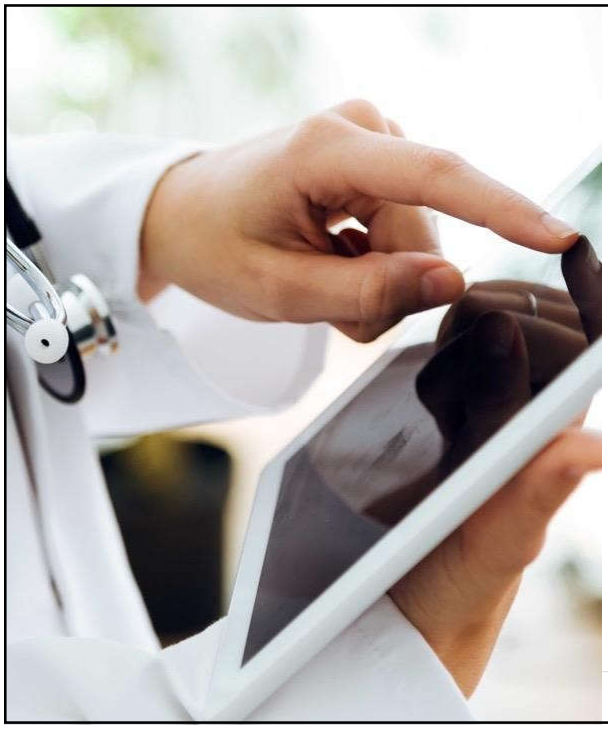

Outcomes Tracking

- **Objective and Subjective Data**
  - Compliance
  - Hospital admissions & Exacerbations
  - Ventilation & Airway Management
  - COPD Assessment Test (CAT) Scores
  - ALS Functional Rating Scale (ALSFRS)
  - BORG Scores
  - Activities of Daily Living (ADL)
  - Overall Wellness
  - Patient Competency

Accreditation

Clinical Respiratory Patient Management Distinction

- The Distinction in Clinical Respiratory Patient Management (CRPM) focuses on care by licensed Respiratory Care Practitioners (RCPs) or other qualified healthcare professionals for patients with acute or chronic respiratory conditions that can be monitored and managed outside a hospital environment. Emphasis is on a collaborative, team-based approach to assessment and ongoing treatment, disease management, and education.
- The goal is better clinical outcomes that reduce hospital readmissions, support activities of daily living, and enhance quality of life for the patient. Accountability is established through documentation of outcome-based measures, with the subsequent expectation of improving consistency of care and quality of life. This distinction must be achieved in combination with ACHC Home/Durable Medical Equipment (HME)Accreditation

CRPM Requirements

- Written policies and procedures are established and implemented by the organization regarding
  - Patient's right to formulate an advance directive
  - Accept or refuse care, treatment, or resuscitation.
  - Cleaning storage, safe transportation, delivery, and use of patient assessment and diagnostic equipment for CRPM service
  - Frequency of evaluations
  - On going in-service training
  - Patient plan of care (POC)
- Provide clinical respiratory services 24 hours a day, 7 days a week.
- On call Licensed RCP at all times.
- All patients receive an initial evaluation/assessment of their needs prior to initiation of CRPM services.
- POC is reviewed before each visit and if there is a change in the POC the RCP communicates with providers and other allied agencies.
- RCP reviews all patient medications on an ongoing basis as part of the care/services provided to a patient.
- Performance improvement (PI) activities include ongoing monitoring of readmissions to hospital and/or other healthcare facilities and organization's plans for reducing admissions.
- The organization reviews and evaluates the effectiveness of its infection control program.

Thank You

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