

Review Criteria

Georgia Region

DEPARTMENT	CRITERIA NUMBER	03.46
Quality Resource Management		
SECTION	EFFECTIVE DATE	4/3/2017
Target Review		
Trilogy Ventilators for in -home use	REVIEW DATES	1/22/2018 2/11/2019 2/21/2021 1/21/2022 2/22/2023
	REVISION DATE	2/21/2021
POLICY TYPE	PAGE NUMBER	1 of 2
New X Reviewed Revis	sed	

Purpose: This policy provides the indications and contraindications necessary for the Quality Resource Management staff to make the most appropriate decision related to the medical necessity of the procedure listed.

DIAGNOSIS/CONDITION:

CPT-4/ HCPCS CODE AND DESCRIPTION: INDICATORS: E0463, E0464

QRMMD Reviewer Note: Request for trilogy vents for diagnosis other than ALS or neuromuscular disorder should be discussed with the on-call TSPMG pulmonologist. Trilogy vents are ordered from the Pulmonary Care Services company (PCS)---not Apria. They are generally ordered by the Emory ALS clinic.

Non-invasive Positive Pressure Ventilators (In-Home Use) DESCRIPTION-

Recently NIPPV has been explored for use in the homecare environment (e.g., Trilogy™, Newport™, VELA®, iVent, Puritan Bennett 540™, and LTV®). Home NIPPV may be employed in continuous daily use for ventilator dependent individuals (e.g., neuromuscular diseases). It is also being investigated as an intermittent treatment for other chronic respiratory diseases (e.g., chronic obstructive pulmonary disease, obesity hypoventilation syndrome, diffuse parenchymal lung disease) and nocturnal respiratory insufficiency.

1.0 Indications:

Home non-invasive positive pressure ventilators (e.g., Trilogy, Newport™, VELA®, iVent, Puritan Bennett 540™, and LTV®) for the treatment of respiratory insufficiency associated with progressive neuromuscular disease (e.g., muscular dystrophy, myasthenia gravis, polio) are considered *medically necessary* if the medical appropriateness criteria are met.

DEPARTMENT	QUALITY RESOURCE MANAGEMENT	CRITERIA NUMBER	01-23
TITLE	Trilogy Ventilators for in -home use	PAGE NUMBER	Page 2 of 3

- Home use of a non-invasive ventilator for the treatment of respiratory insufficiency is considered medically appropriate if ALL the medical appropriateness criteria are met:
 - Diagnosed progressive neuromuscular disease (e.g., muscular dystrophy, myasthenia gravis, polio) resulting in respiratory insufficiency
 - Mechanical ventilation required due to respiratory insufficiency with ANY ONE of the following:
 - Arterial O₂ saturation less than 88% for 5 consecutive minutes during nocturnal oximetry
 - Arterial PCO₂ of 45 mm Hg (6.0 kPa) or greater
 - Forced vital capacity less than 50% of predicted
 - Maximum inspiratory pressure less than 60 cm H₂O (5884 Pa)
 - No alteration in level of consciousness (i.e., alert and oriented)
 - No anatomic abnormality that precludes mask fitting
 - No excessive secretions
 - No impaired cough or inability of mechanically assisted cough to clear secretions
 - No swallowing disorders
 - Individual is capable of protecting airway

2.0 CONTRAINDICATIONS-N/A

3.0 <u>VIEWS OF THE SOUTHEAST PERMANENTE MEDICAL GROUP-</u> In home trilogy ventilators may be indicated for patient with neuromuscular disease e.g. ALS (amyotrophic lateral sclerosis.) and chronic thoracic restrictive lung disease. Other indications for home ventilators should be discussed with TSPMG Pulmonology Chief or designee.

4.0 VERSIONS:

- The following are previous review/revision of this review criteria:
- The following is most recent review/revision: 1/22/2018, 2/11/2019, 1/27/2020, 1/20/2021, 1/10/2022, 2/13/23

5.0 REFERENCES:

Aetna: NIPPV- Ventilators with non-invasive interface: 7/2020

Aetna considers ventilators with noninvasive interfaces medically necessary for severe neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease where interruption or failure of respiratory support would lead to death. Aetna follows Centers for Medicare & Medicaid Services (CMS) policy on ventilators with noninvasive interfaces. A CMS National Coverage Determination states that ventilators are covered for the following conditions: "neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure

DEPARTMENT QUALITY RESOURCE MANAGEMENT	CRITERIA NUMBER	02-00
TITLE	PAGE NUMBER	Page 3 of 3

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

MCG-24th Edition Home Ventilator (Inva	sive and non-Invasive)- A0893
--	-------------------------------

	Approval	
Luke Beno, MD Physician Program Director, Quality Resource Management	2/13/23	
Christopher Jones, MD AMD, Outside Medical	Date	_