



DEPARTMENT	<b>QUALITY RESOURCE MANAGEMENT</b>	CRITERIA NUMBER	01-23
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- 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 O<sub>2</sub> saturation less than 88% for 5 consecutive minutes during nocturnal oximetry
    - Arterial PCO<sub>2</sub> of 45 mm Hg (6.0 kPa) or greater
    - Forced vital capacity less than 50% of predicted
    - Maximum inspiratory pressure less than 60 cm H<sub>2</sub>O (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 **VIEWS OF THE SOUTHEAST PERMANENTE MEDICAL GROUP-** 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

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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-24<sup>th</sup> Edition Home Ventilator ( Invasive and non-Invasive)- A0893**

**Approval**

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**Luke Beno, MD**  
**Physician Program Director,**  
**Quality Resource Management**

2/13/23 \_\_\_\_\_  
**Date**

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**Christopher Jones, MD**  
AMD, Outside Medical

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**Date**