

Certificate of Medical Necessity – VIVO Non-Invasive Pressure Support Ventilator

Beneficiary / Patient Name: _____ DOB: _____

Phone: _____ Mobile: _____

Height / Weight: _____ Start of Care: _____

Non-Invasive ventilation is covered for severe neuromuscular or restrictive thoracic diseases, and chronic respiratory failure consequent to severe chronic obstructive pulmonary disease.

Duration of Equipment: _____ Months (99 = Lifetime)

ICD-10 Diagnosis: _____ _____ _____

Mode of Delivery: **Non-Invasive Ventilator (E0466)** (included humidifier (E0562), tubing (A7037), and filters (A7038 / A7039) **Mouth Piece Ventilation (MPV) Circuit** **Mask (PAP Circuit – fit for patient comfort)**

Settings and Modes: Adjustments for Patient Comfort

Ventilation Mode: <input type="checkbox"/> Volume <input type="checkbox"/> Pressure	Volume Mode: <input type="checkbox"/> Decelerating Flow pattern <input type="checkbox"/> Square wave Flow pattern	Breath Mode: <input type="checkbox"/> Support <input type="checkbox"/> Assist Control <input type="checkbox"/> SIMV	<input type="checkbox"/> PSV (TgV) – Pressure Support Ventilation with Target Volume. <input type="checkbox"/> PCV (TgV) – Pressure Controlled Ventilation with Target Volume. <input type="checkbox"/> PCV (A+TgV) – Assisted Pressure Controlled Ventilation with Target Volume.
Breath Rate: _____ BPM	Tidal Volume or TgV: _____ ml	FIO2: _____% or _____ lpm	Pressure Control: _____ PIP cmH2O
Peep: _____	Inspiratory Time: _____ sec	FLOW TERMINATION (90% – 10%) <input type="checkbox"/> % Flow termination or <input type="checkbox"/> Adjust to patient comfort Setting of 90%, Vivo 50 cycles to expiratory when Support flow drops to 10% of peak flow; Setting flow term to 10%, and the Vivo 50 cycles to expiratory when support flow drops to only 90% of peak flow. A Setting of 10%, is easiest to cycle Vivo to expiratory.	
Profile 1 Settings:		<input type="checkbox"/> IPAP (PIP, peak inspiratory pressure) <input type="checkbox"/> EPAP (PEEP, positive end expiratory pressure) <input type="checkbox"/> Target Volume	
Profile 2 Settings:		<input type="checkbox"/> IPAP <input type="checkbox"/> EPAP <input type="checkbox"/> Target Volume	
Profile 3 Settings:		<input type="checkbox"/> IPAP <input type="checkbox"/> EPAP <input type="checkbox"/> Target Volume	
Monitoring: <input type="checkbox"/> EtCO2 Monitoring Frequency: <input type="checkbox"/> Interval: _____			
the physician may prescribe or elect for the RT to determine the following settings (if applicable)			
<input type="checkbox"/> RT to determine the following settings <u>or</u> <input type="checkbox"/> Physician orders as indicated below:			
Rise time: 1-9: _____	Inspiratory trigger: 1-9: _____	Expiratory trigger: 1-9: _____	Target Volume, max pressure: _____ Target Volume, min pressure: _____

Frequency/Usage: During Sleep During day Continuous

Oxygen at _____ LPM bleed in via ventilator (E1390)

Printed Physician Name: _____

NPI: _____

Address: _____

Contact Name: _____

Phone: _____

Fax: _____

Physician Signature: _____

Date: _____