

Qualifying NIV Diagnosis' and Medically Necessary Criteria

Code	Name & Criteria
J96.90	<p><i>Chronic Respiratory Failure Consequent to COPD</i></p> <p>- Non-invasive ventilation (NIV) in CRF Consequent to COPD is indicated when:</p> <ol style="list-style-type: none"> 1. The individual patient exhibits persistent hypercapnia defined by ABG of PaCO₂ ≥ 52mmHg awake while breathing prescribed FiO₂; AND 2. Sleep Apnea is NOT the cause of Hypercapnia
J98.4	<p><i>Restrictive Lung Disease</i></p> <p>- Non-invasive ventilation (NIV) in Restrictive Lung Diseases is indicated for patients with evidence of chronic respiratory failure (CRF) or significant muscle weakness, characterized by symptoms like morning headaches, dyspnea, and sleep disturbances alongside specific lab thresholds. Blood Gas Criteria: Daytime awake PaCO₂ ≥ 45-50mmHg (ABG)</p>
E84.9	<p><i>Cystic Fibrosis</i></p> <p>- Non-invasive ventilation (NIV) in cystic fibrosis (CF) is indicated for patients with advanced lung disease, typically defined as FEV₁ < 40% to treat chronic or acute hypercapnic respiratory failure. It is used to reduce work of breathing, assist with airway clearance, and manage symptoms of sleep-disordered breathing, often indicated by severe nocturnal hypoxemia.</p>
G12.20-G12.9	<p><i>ALS (Motor Neuron Disease)</i></p> <p>- Non-invasive ventilation (NIV) in ALS (neuromuscular disease or restrictive thoracic disease) is indicated when:</p> <ol style="list-style-type: none"> 1. An arterial blood gas (ABG) PaCO₂ level is ≥ 45mm Hg while awake and breathing the individual's usual FIO₂; OR 2. The individual has a maximum inspiratory pressure of ≤ to 60cm H₂O and shortness of breath
E66.2	<p><i>Morbid (severe) Obesity with Alveolar Hypoventilation</i></p> <p>- Non-invasive Ventilation (NIV) in Obesity with Alveolar Hypoventilation is indicated when:</p> <ol style="list-style-type: none"> 1. Obesity: BMI > 30kg, awake daytime hypercapnia awake resting PaCO₂ > 45mmHg AND 2. Failure of CPAP with continued Oxygen Desaturation < 80% for ≥ 10 minutes

Compliance 6/12 month Follow-Up

Individual must be using NIV at least 4 hours per 24-hour period established by the treating clinician showing improvement in symptoms to chronic hypercapnia. Please see Medicare NCD for additional details.