

How to Order

Please fax RX, face sheet, chart notes and documentation:

Niagara Falls/Buffalo
Fax: (716) 283-3288

Syracuse
Fax: (315) 849-1020

Orchard Park
Fax: (716) 694-2554

Albany
Fax: (518) 621-2788

Rochester
Fax: (800) 594-9831

Mid-Hudson: New Windsor + Pomona
Fax: (845) 520-9838

*Weekend discharges please call (716) 283-2339 and dial 1 for answering service



Non-Invasive Ventilator Coverage Guidance

Script with Dx of COPD/respiratory failure reads “AVAPS-AE” with length of need =99 months.

3 requirements for chart note:

1. Pt has been hospitalized within the past year due to COPD/resp failure.
2. Pt has failed BiPAP in the past (may be in home or facility setting)
3. “AVAPS-AE is being ordered due to retaining of CO₂ because of Pt COPD/resp failure. Pt being recommended to use HS and during day to prevent worsening of disease state.”
4. ABG of 52 or higher and 48 or higher for Obesity Hypoventilation Syndrome (OHS)



Cough Assist

Mechanical in-exsufflation devices are covered for beneficiaries who meet all of the following criteria:

1. They have a neuromuscular disease (G82.50 Quadriplegia, G71.11 Myotonic Muscular Dystrophy, G71.00 Muscular Dystrophy, G35 Multiple Sclerosis, G12.2 Motor Neuron Disease, G12.21 Amyotrophic Lateral Sclerosis).
 2. This condition is causing a significant impairment of chest wall and/or diaphragmatic movement, such that it results in an inability to clear retained secretions.
- If both criteria are not met, the claim will be denied as not reasonable & necessary.
3. Fax chart note documenting the above.



Afflovest Coverage Guidance

3 requirements for chart note:

1. Dx of bronchiectasis, confirmed by CT scan* or neuromuscular diagnosis
2. Documented note or addendum stating:
 - a. Daily productive cough for at least 6 continuous months; OR
 - b. Frequent (i.e. > 2/year) exacerbations requiring antibiotics
3. Pt has failed PEP therapies, or other standard treatments to adequately mobilize secretions.

*Chronic bronchitis and COPD in the absence of confirmed diagnosis of bronchiectasis does not meet this criterion



Hours of Sleep Oxygen

1. Fax order for overnight oximetry on room air or CPAP.
2. An overnight oximetry test must have at least two hours of recorded time. If the test shows oxygen desaturation 88% or less, the patient qualifies for oxygen.
3. Fax order for oxygen HS with Liter flow (usually, 2 liters unless the patient shows extreme hypoxia.)
4. Send document that supports why overnight study is being ordered

*A patient tested during sleep will not qualify for portable oxygen.

Please note: In some cases, a titration study is optional. PAP pressures may be required.



CPAP

Covered for treatment of obstructive sleep apnea (OSA) if criteria A-C are met:



- A. In-person clinical evaluation demonstrating the need for a sleep test
- B. Sleep test meets either of the following criteria (1 or 2):
 1. The apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI) is greater than or equal to 15 events per hour with a minimum of 30 events.
 2. The AHI or RDI is greater than or equal to 5 and less than or equal to 14 events per hour with a minimum of 10 events and documentation of:
 - Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; or
 - Hypertension, ischemic heart disease, or history of stroke.
- C. Script for CPAP E0601 and heated humidifier E0562 with pressure settings.

BiPAP

Beneficiaries with OSA who meet criteria A-C on CPAP card, in addition to criterion D:



- D. CPAP has been tried and proven ineffective based on a therapeutic trial conducted in either a facility or in a home setting.
- Ineffective is defined as documented failure to meet therapeutic goals using a CPAP during the titration portion of a facility-based study or during home use despite optimal therapy (i.e., proper mask selection and fitting and appropriate pressure settings).
 - Substitution of a BIPAP does not require a new initial in-person clinical evaluation or a new sleep test.
 - If a CPAP device has been used for more than 3 months & the beneficiary is switched to a BIPAP, a new initial in-person clinical evaluation is required, but a new sleep test is not required.

Respiratory Suction

A respiratory suction pump is only covered for beneficiaries who have difficulty raising and clearing secretions secondary to:

- Cancer or surgery of the throat or mouth
- Dysfunction of the swallowing muscles
- Unconsciousness or obtunded state



50 PSI Compressor

A large volume nebulizer is considered for coverage when it is reasonable and necessary to deliver humidity to a beneficiary with thick, tenacious secretions, who has cystic fibrosis, bronchiectasis, a tracheostomy, or a tracheobronchial stent. Fax a chart note documenting the above.



24/7 Oxygen Therapy & Walk Test

Fax script for “24/7 oxygen with portability” with a liter flow, diagnosis, and the results of patient walk test.

1. Document pulse ox reading on room air at rest.
Insurances consider oxygen medically necessary if the oxygen level is less than or equal to 88% (No need to move onto step 2.)
If the pulse reading is greater than 88%, proceed to next step.
2. Ambulate patient for 2 minutes on room air:
If pt oxygen is less than or equal to 88% while exercising, the below must be recorded in the form of a medical record:
 - a. Oxygen level at rest on room air
 - b. Patient’s oxygen level during walk test
 - c. Oxygen level during exercise with oxygen applied to demonstrate improvement
 - d. Liter flow of oxygen applied



Home Sleep Study

Please fax the following:

1. Script for a home sleep study.
2. Patient demographics
3. A chart note that justifies the test being ordered.
(i.e. excessive daytime sleepiness, snoring, high blood pressure)



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