TRANSCEND MEDICAL TRILOGY CHECKLIST E0466

☐ Diagnosis of Chronic Respiratory Failure (J96.10 or J96.11)
And of One the Following Diagnosis

☐ COPD
Cor Pulmonale

☐ Neuromuscular Disease
ALS
Myasthenia Gravis
Gullian-Barre Syndrome
Motor Neuron Disorders

☐ Restrictive Thoracic Disease
Obesity Hypoventilation
Kyphoscoliosis
Interstitial Lung Disease
(Idiopathic Pulmonary Fibrosis}

☐ Neuromuscular Patients – Documentation of the disease, documentation that supports need for ventilation and a signed order

☐ COPD/Restrictive Thoracic Diseases
Documentation of Chronic Hypercarbia or Chronic Hypercapnea

☐ Multiple hospital admissions in 12 month

OR

☐ ABG with PCO2 52 or higher on usual FIO2 or BiPap
PO2 60 or less on usual FIO2 or BiPap

OR

☐ PFT result (anyone one will qualify)
FVC 60% or less of predicted
FEV1 50% or less of predicted
FEV1/FVC 70% or less of predicted

☐ Rule Out Statement –
BiPap and BiPap ST has been ruled our or tried and failed or found to be ineffective
Examples – BiPap/BiPap ST considered and ruled out due to need for auto rate
BiPap/BiPap ST unable to keep patients CO2 level below 52
BiPap/BiPap ST considered and ruled out due to need to have pressure higher than 30

☐ Severity of Disease – statement justify need for ventilation versus BiPap
Examples – Patient continues to retain CO2 and will continue to have hospital readmissions unless they are placed on NIV (Trilogy)

Patients condition is potentially life threatening without NIV (Trilogy)

☐ Signed Order then fax to 256-259-1498