

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