



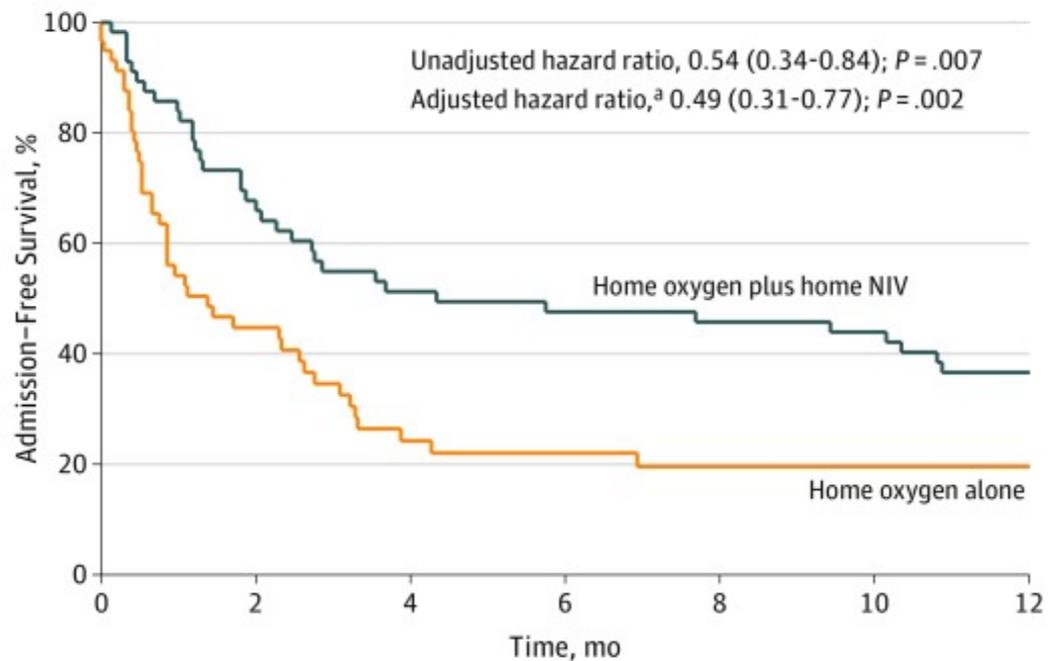
As the leading voice in the sleep field, the AASM sets standards and promotes excellence in sleep medicine health care, education, and research. The AASM has a combined membership of 11,000 accredited member sleep centers and individual members, including physicians, scientists, and other health care professionals.

Disclosures

- I have no financial disclosures
 - Kunwar Praveen Vohra, MD, MBA, FAASM, FCCP
Chair, Payer Policy Review Committee

NIPPV in CRF due to COPD

- Several studies over the past years have been done on the role of NIV in CRF due to COPD
- Benefits have been shown in quality of life, decreased hospital admissions and decreased mortality ^{1,2}



No. at risk	0	2	4	6	8	10	12
Home oxygen plus home NIV	57	37	28	26	25	24	16
Home oxygen alone	59	23	11	10	8	8	6

	3 months	6 months	9 months	12 months
Overall	0.8 (3.5)	2.1 (5.7)	0.9 (4.0)	2.6 (8.6)
Non-invasive positive pressure ventilation group	0.2 (1.1)	1.4 (4.7)	1.3 (4.9)	2.2 (10.2)
Control group	1.5 (4.9)	3.0 (6.9)	0.4 (1.9)	3.1 (5.4)

Values are mean (SD).

Table 2: Emergency hospital admissions per patient by follow-up period and treatment group

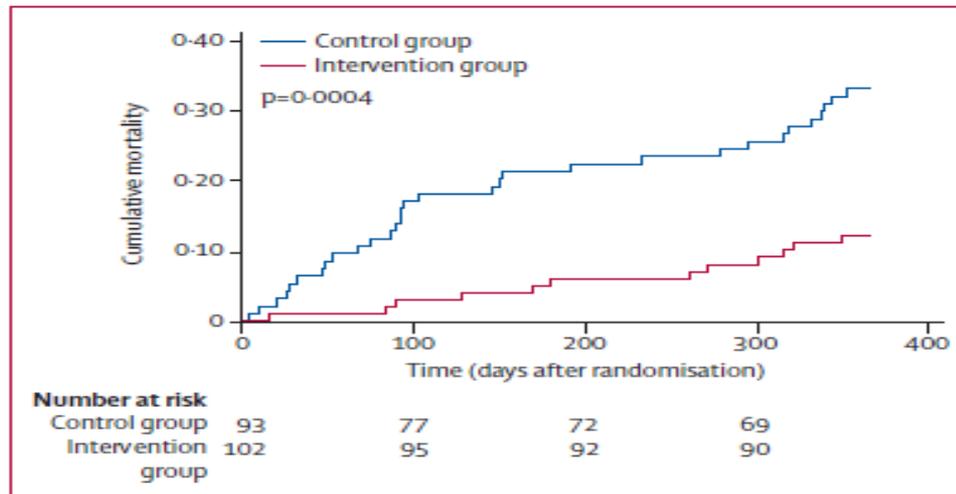


Figure 2: Kaplan-Meier estimate of cumulative all-cause mortality during the first year after randomisation (primary outcome)

The p value results from a log-rank test of the between-group difference.

Thomas Köhnlein, Wolfram Windisch, Dieter Köhler, Anna Drabik, Jens Geiseler, Sylvia Hartl, Ortrud Karg, Gerhard Laier-Groeneveld, Stefano Nava, Bernd Schönhofer, Bernd Schucher, Karl Wegscheider, Carl P Criée, Tobias Welte. *Lancet Respir Med* 2014;

2: 698–705

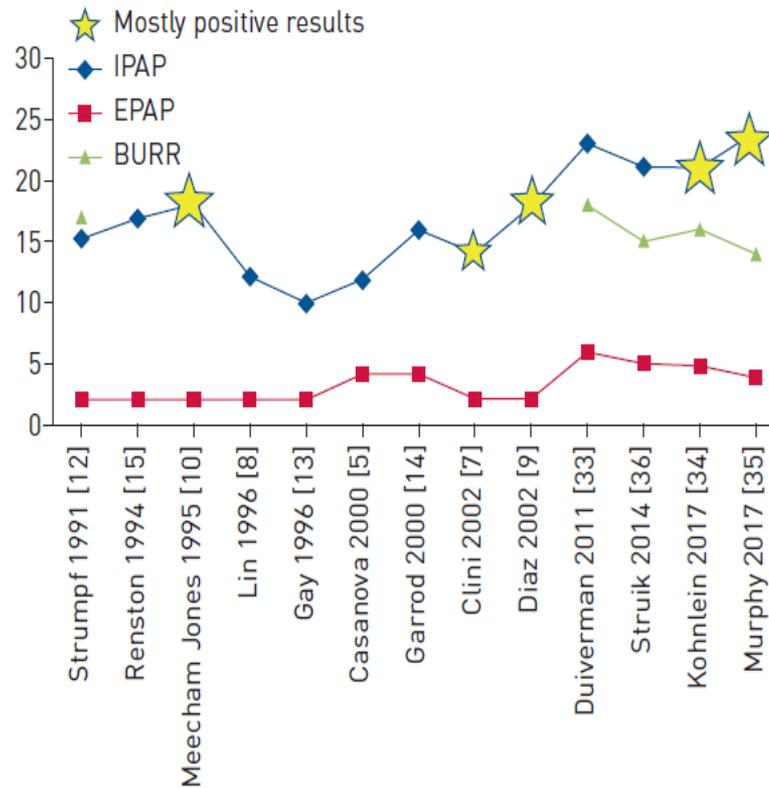
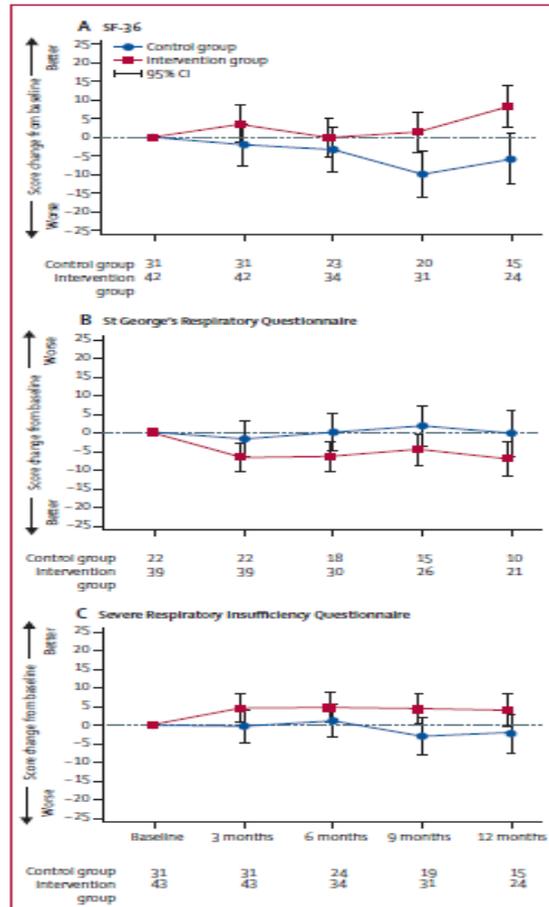


FIGURE 1 Evolution of ventilatory settings in randomised controlled trials investigating noninvasive ventilation in stable or post-exacerbation chronic obstructive pulmonary disease. IPAP: inspiratory airway pressure; EPAP: expiratory airway pressure; BURR: back-up respiratory rate.

Duiverman ML. Noninvasive ventilation in stable hypercapnic COPD: what is the evidence? *ERJ Open Res* 2018; 4: 00012-2018
[\[https://doi.org/10.1183/23120541.00012-2018\]](https://doi.org/10.1183/23120541.00012-2018)



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NIPPV in CRF due to COPD

- Studies show clear reduced mortality and hospitalization benefit for patients with severe COPD and hypercapnia using high intensity therapy
- This evidence gives a high level of confidence (5) for **selection criteria, equipment parameters, and the need for the NIPPV devices that can provide this therapy**
- Current coverage criteria for Medicare Beneficiaries are not congruent with this newer high quality evidence based and best clinical practice guidelines

NIPPV in CRF due to COPD

The Problem:

- Current reimbursement policy creates a disconnect between a patient's clinical status/needs and reimbursement because payment policies focus on devices rather than the clinical situation.

The Solution:

- **Revise the current NCD for NIPPV for all forms of CRF to align with best evidence and clinical guidelines to provide Medicare beneficiaries with reasonable and necessary treatments**

NIPPV for all Forms of NIPPV in CRF

- **The Pathway:**
- Support the multi-society supported expert panel proposal to provide CMS with the recommendations from clinical experts to provide these reasonable and necessary treatments that align with current best practices and guidelines

References

1. Köhnlein T, Windisch W, Kohler D, et al. Non-invasive positive pressure ventilation for the treatment of severe stable chronic obstructive pulmonary disease: a prospective, multicentre, randomised, controlled clinical trial. *Lancet Respir Med* 2014;2:698-705.
2. Murphy PB, Rehal S, Arbane G, et al. Effect of Home Noninvasive Ventilation With Oxygen Therapy vs Oxygen Therapy Alone on Hospital Readmission or Death After an Acute COPD Exacerbation: A Randomized Clinical Trial. *JAMA* 2017;317:2177-86