

CMS-3395-N

Medicare Program; Virtual Meeting of the Medicare Evidence Development and Coverage Advisory Committee— July 22, 2020

Written Comments

The PromptCare Companies, INC. is a multi-state DME company caring for about 4,000 pediatric and adult ventilator patients in their homes. Our company welcomes the initiative of the MEDAC to focus on patient selection, usage criteria, device selection, concomitant services, and equipment parameters for patient with chronic respiratory failure as a consequence of COPD.

As a company we have a pre-acceptance process to screen all new ventilator referrals. We require a licensed Respiratory Therapist review the patient chart, testing, a prescription to assure we have adequate information to determine the medical necessity of a mechanical ventilator. For COPD patients where the physician has prescribed a non-invasive ventilator, the clinical reviewer is looking for:

1. A diagnosis of severe COPD as evidenced by testing, previous hospital admissions and symptoms consistent with GOLD stage C or D.
2. An ABG with a pCO₂ of 52 or greater with evidence of metabolic compensation outlining chronic respiratory failure.
3. Evidence that standard BiPAP was trialed in the hospital or home and patient remains hypercarbic.

We do have a concern that when we turn down a patient as not meeting our criteria, other DME companies are still setting up the patient at home. Often they are accepting the following testing and we would like the committee to outline if these tests are acceptable to prove chronic respiratory failure:

- Venous Blood Gases
- Transcutaneous carbon dioxide results
- End Tidal Carbon dioxide results

Are there any other tests the committee would deem acceptable to diagnose chronic respiratory failure?

We have based our criteria on the Local Coverage Determination for Respiratory Assist Devices. We feel that the attached studies support the efficacy of using Non-invasive Mechanical Ventilation via a ventilator, not a BiPAP or CPAP device on morbidity and mortality of the severe COPD patient with chronic respiratory failure.

A ventilator not only allows for the selection of a wider range of ventilation modes to better customize settings to meet the patient's specific needs, but as a frequently serviced item, the DME company is able to trial multiple interfaces to get the patient comfortable and compliant to therapy and to allow for support by licensed clinicians for on-going training, education and clinical support.

Our company wide readmission rate for COPD remains at 2% of our COPD population on non-invasive ventilation, which is proof positive that placing patients on mechanical ventilation at home reduces morbidity and mortality.

Thank you for allowing our comments,

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