NCD for NIV Playbook

Navigating the conversation around the HMV / RAD for COPD coverage changes and practical steps needed for compliance

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What Does This NCD Say?

As of June 9th, 2025, CMS has published coverage rules for Noninvasive Ventilation (NIV) devices—encompassing both Respiratory Assist Devices (RAD) and Home Mechanical Ventilation (HMV). Key changes include stricter requirements for blood gas levels, minimum usage hours, and a mandatory 6-month re-evaluation process to maintain coverage.

What Is The Goal of the NCD?

These updates aim to ensure more consistent, high-quality respiratory care for patients with chronic respiratory failure due to COPD, but also place new documentation and follow-up responsibilities on HME/DME providers.

How Should HMEs Adjust?

NEXUS is a purpose-built, cloud-based software platform that streamlines the entire respiratory care process—making it easier to comply with new NCD requirements for noninvasive ventilation (NIV). By integrating telemonitoring, automated alerts, and real-time documentation, NEXUS enables HME/DME providers to...

Track Patient Usage & Compliance

Streamline Clinical Assessments & Documentation

Coordinate Care & Enhance Patient Engagement

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NCD FOR NIV HIGHLIGHTS

Current RAD/HMV Users Are Grandfathered

The final NCD does "grandfather" patients who are already using RAD or HMV devices before June 9th, 2025. Many of these patients will not have the historical documentation required under the new guidelines, despite clearly benefiting from their current therapy. They will not be forced to stop therapy because of missing paperwork that was previously not required, so as to support their clinical need and avoid unnecessary hospitalization or deterioration of health.

Ongoing Re-Evaluation Required For Reimbursement

Within the first 6 months of coverage, patients must be determined by a clinician to use the RAD at least 4 hours per 24-hour period, on at least 70% of days in a 30-day period, and achieve at least one of the following outcomes:

Normalization of PcCO2 (< 46 mmHg) ***or*** Stabilization of a rising PaCO2 ***or*** 20% reduction in PaCO2 from baseline value ***or*** improvement of at least one of the following patient symptoms associated with chronic hypercapnia: headache, fatigue, shortness of breath, confusion, or sleep quality

Between 7-12 months, the clinician must establish the patient is using the device at least 4 hours per 24-hour period on at least 70% of days in each paid rental month. If this patient compliance is not established, the HME will not be granted reimbursement for that month.

ABG Testing Requirement

The requirement for an Arterial Blood Gas (ABG) test for initial coverage is likely to be burdensome for many patients and providers alike. ABGs are invasive, painful, and often unavailable in many outpatient or community-based settings—particularly in rural areas. Many providers have moved away from routine ABG testing for chronic management and instead rely on less invasive and clinically valid alternatives, such as transcutaneous $PtcCO_2$ monitoring, end-tidal CO_2 ($ETCO_2$), or Venous Blood Gas (VBG) measurements. Excluding these methods from the qualifying criteria may create a significant access barrier for patients who depend on long-term ventilation therapy.

Challenges with Hospital-to-Home Transitions

The requirement for patients to be on the "same or similar" device within 24 hours of hospital discharge poses significant challenges. In many acute care settings, the ventilators and RADs used differ from those prescribed for home use. Enforcing this requirement could delay or even prevent timely access to the appropriate home-based device, jeopardizing patient safety and continuity of care.

Additionally, discharge readiness and planning rarely align perfectly with strict coverage timelines. Requiring precise coordination between hospital protocols and payer policies creates unnecessary friction and confusion for providers and families alike, increasing the risk of gaps in coverage and delaying essential therapy at a critical time in the patient's recovery.

New "High Intensity" Settings Now Required for RAD with Backup

For continued coverage after the initial 6-month period for a RAD with backup rate, the new NCD requires the patient to be using the RAD in a high intensity mode, which is defined as a minimum IPAP of ⩾15 cmH2O and a minimum backup rate of at least 14 BPM.

While the use of volume-targeted mode is specifically mentioned in the HMV coverage section, it is not discussed in the RAD coverage section. The question remains if volume-targeted mode could be utilized in a RAD device, as long as the minimum IPAP pressure was set at 15cm and the backup rate set at 14 BPM or greater.

Direct Pathway To HMV

The following 3 criteria must be met:

1. The patient exhibits hypercapnia of 52 or greater by ABG
2. Sleep apnea is **not** the predominate cause of the hypercapnia
3. The patient demonstrates at least one of the following characteristics:

Requires oxygen therapy greater than or equal to 4lpm ***or*** Requires ventilatory support for more than 8hrs per 24-hour period ***or*** Patient requires the alarms and internal battery of an HMV because the patient is unable to effectively breathe on their own for more than a few hours ***or*** per the treating clinician, a RAD used for 4hr per day 70% of the time is unlikely to achieve any of the following because the patient's needs exceed the capabilities of a RAD: - Normalization or Stabilization or 20% reduction in PaCO2 from baseline or Improvement of at least one of the following symptoms associated with chronic hypercapnia: Headache, fatigue, shortness of breath, confusion, or sleep quality.

ENCORE SOLUTIONS FOR NCD

Nexus Is THE Answer For CMS Request For More Documentation...

As of June 9th, 2025, the new NCD now requires DME providers to prove medical necessity, show ongoing clinical benefit, and maintain audit-ready documentation...

Nexus automates and standardizes all of that.

The NCD for Non-Invasive Ventilation (NIV) provides new expectations for the industry, such as:

1. Objective documentation of symptom burden
2. Evidence of clinical need and response to therapy
3. Ongoing patient engagement and compliance
4. Standardized protocols and timely interventions
5. Real-time data to support coverage decisions

These are no longer best practices — they're requirements tied to reimbursement.

Nexus is the only respiratory management platform designed from the ground up to help DMEs meet CMS's NCD documentation requirements, while improving patient outcomes and streamlining RT operations.

- **Protects Revenue:** Nexus ensures that documentation meets CMS expectations, reducing denied claims and audit risk
- **Scales RT Impact:** RTs can manage larger caseloads with smarter workflows and clinical flag alerts
- **Simplifies Compliance:** No more piecemealing notes from EHRs, call logs, and manual forms
- **Boosts Outcomes:** Nexus has been shown to improve engagement, reduce readmissions, and increase patient satisfaction
- **Future-Proofs Your Business:** As CMS demands more accountability, Nexus gives you the infrastructure to thrive under value-based care

NCD Requirement	How Nexus Solves It
Track Symptom Burden	RTs log symptoms remotely; data flows directly into the platform
Prove Clinical Need	Gold-standard clinical protocols document patient status & therapy justification
Show Ongoing Benefit	Monitors engagement, usage, and symptom improvement over time
Intervention Tracking	RTs document interventions, flags, and notes in real time
Audit-Ready Reporting	Nexus generates exportable, timestamped clinical reports with one click

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ENCORE SOLUTIONS FOR NCD

The NCD for NIV's Themes Apply Across All Respiratory Modalities...

The recently enacted NCD for NIV (as of June 9, 2025) reinforces CMS's focus on patient-specific outcomes, symptom documentation, and the clinical justification for respiratory therapy.

- CMS is demanding clinical oversight
- DMEs are expected to track patient outcomes over time
- Manual processes and limited RT staff won't scale
- Symptom burden and patient-reported data are becoming central to coverage decisions

Oxygen360 allows DMEs to extend their reach, deliver clinical oversight, and prove the value of therapy — without the burden on in-house staff.

Oxygen360 is your outsourced clinical team, delivering expert, protocol-based care to your oxygen patients— and giving you the data CMS now expects for reimbursement and compliance.

Encore Healthcare Has The Solution For Your New Post-NCD Reality...

- **Scales Your Clinical Capacity.** Add licensed RTs to your team without the overhead
- **Protects Revenue & Reduces Risk.** Documented interventions and symptoms support therapy justification
- **Delivers Outcomes.** Early detection of issues reduces ER visits and readmissions
- **Simplifies Staff Workflows.** Encore manages assessment calls, logs reports, and alerts your team when action is needed

Post-NCD Reality	How Oxygen360 Solves It
More oversight expected	TeleRTs proactively contact and assess patients monthly
Need to prove symptom burden	Structured assessments are logged and timestamped
Shortage of in-house RTs	Encore's licensed RT team becomes a clinical extension of your team
Audit pressure & documentation gaps	All calls and interventions documented in Nexus for easy CMS export
Unengaged patients are at risk	Oxygen360 creates ongoing engagement, education, and trust

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ENCORE SOLUTIONS FOR NCD

Vent360 extends your clinical reach with licensed RTs...

The newly enacted NCD for NIV (as of June 9, 2025) signals a clear shift toward outcomes-based, data-driven respiratory care. Vent360 allows for monitoring, engagement, and documentation of vent patients in real-time — ensuring you meet CMS's expectations without overwhelming your in-house staff.

📋 What the new NCD for NIV now requires...

Under the newly proposed coverage determination, CMS is requiring reinforcement of the following:

- **Ongoing ventilator monitoring**
- **Symptom and outcome tracking**
- **Patient-specific documentation**
- **Timely interventions and clinical oversight**
- **Compliance and justification for continued therapy**

These requirements put heavy operational strain on DMEs managing complex vent populations.

Post-NCD Requirement	How Vent360 Delivers
Ongoing clinical engagement	Licensed Encore RTs check in regularly with patients and caregivers
Ventilator monitoring	Integrated with cloud platforms (Movair, Philips, React, etc.) via Nexus
Real-time documentation	Notes, interventions, and compliance data logged directly into Nexus
Audit readiness	Exportable reports of interventions, alerts, and symptom logs available on demand
Clinical burden on staff	Vent360 acts as an outsourced RT team, removing a large bulk of the workload from your team, which allows staff to focus on complex care needs

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