CLINICIAN CHECKLIST FOR RESPIRATORY ASSIST DEVICES (RADS) - CENTRAL SLEEP APNEA OR COMPLEX SLEEP APNEA

Policy References:

- Local Coverage Determination (LCD) (L33800)
- Policy Article (A52517)

Documentation Reference: Standard Documentation Requirements Policy Article (A55426)

The treating clinician must complete the following items:

- ☐ Standard Written Order
- ☐ Medical record documentation:
  - ☐ Symptoms characteristic of sleep-associated hypoventilation, such as daytime hyper-somnolence, excessive fatigue, morning headache, cognitive dysfunction, dyspnea, etc.

Prior to initiating therapy, a complete facility-based, attended polysomnogram (PSG) must be performed documenting both of the following:

- ☐ The diagnosis of CSA or CompSA; **and**
- ☐ Significant improvement of the sleep-associated hypoventilation with the use of a RAD device on the settings that will be prescribed for initial use at home, while breathing the beneficiary's prescribed FIO2.

Medical record requirements after the first 90 days of RAD therapy:

- ☐ Beneficiary was re-evaluated on or after the 61st day of therapy; **and**
- ☐ Progress of relevant symptoms, **and**
- ☐ Beneficiary usage of the device; **and**
- ☐ A signed and dated statement declaring that the beneficiary is compliantly using the device (an average of four hours per 24-hour period) and benefiting from its use.