

CLINICIAN CHECKLIST FOR CONTINUED RESPIRATORY ASSIST DEVICE (RAD) THERAPY

Policy References:

- [Local Coverage Determination \(LCD\) \(L33800\)](#)
- [Policy Article \(A52517\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

Coverage After 90 Days

For a RAD to be covered after the initial 90-days of therapy, the treating clinician must complete the following items:

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.