CLINICIAN CHECKLIST FOR HYPOVENTILATION SYNDROME - RESPIRATORY ASSIST DEVICES (RADS) WITH OR WITHOUT BACKUP RATE FEATURE

Policy References:

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

Documentation References: Standard Documentation Requirements Policy Article (A55426)

For a Hypoventilation Syndrome for a RAD with or without a backup rate feature to be covered, the treating clinician must fully document in the beneficiary's medical record symptoms characteristic of sleep-associated hypoventilation, such as daytime hypersomnolence, excessive fatigue, morning headache, cognitive dysfunction, dyspnea, etc.

The treating clinician must complete the following items:

☐ Standard Written Order

Without Backup Rate Feature (E0470)

Criteria A and B and either C or D:

☐ A. An initial arterial blood gas PaCO2, done while awake and breathing the beneficiary's prescribed FIO2, is greater than or equal to 45 mm Hg.

☐ B. Spirometry shows an FEV1/FVC greater than or equal to 70%.

☐ C. An arterial blood gas PaCO2, done during sleep or immediately upon awakening, and breathing the beneficiary's prescribed FIO2, shows the beneficiary's PaCO2 worsened greater than or equal to 7 mm HG compared to the original result in criterion A (above).

☐ D. A facility-based PSG or HST demonstrates oxygen saturation less than or equal 88% for greater than or equal to five minutes of nocturnal recording time (minimum recording time of two hours) that is not caused by obstructive upper airway events – i.e., AHI less than 5 while using a RAD without a backup rate feature (Refer to the Positive Airway Pressure Devices LCD for information about RAD without a backup rate feature coverage for obstructive sleep apnea).

With Backup Rate Feature (E0471)

Criteria A and B and either C or D:

- ☐ A. A covered RAD without a backup rate feature (E0470) is being used.
- ☐ B. Spirometry shows an FEV1/FVC greater than or equal to 70%.
- ☐ C. An arterial blood gas PaCO2, done while awake, and breathing the beneficiary's prescribed FIO2, shows that the beneficiary's PaCO2 worsens greater than or equal to 7 mm HG compared to the ABG result performed to qualify the beneficiary for the RAD without a backup rate feature.
- ☐ D. A facility-based PSG or HST demonstrates oxygen saturation less than or equal 88% for greater than or equal to five minutes of nocturnal recording time (minimum recording time of two hours) that is not caused by obstructive upper airway events – i.e., AHI less than 5 while using a RAD without a backup rate feature (Refer to the Positive Airway Pressure Devices LCD for information about RAD without a backup rate feature coverage for obstructive sleep apnea).

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.