Hypoventilation Syndrome

For a Respiratory Assist Device (RAD) with a backup rate feature to be covered for hypoventilation syndrome, the treating clinician must fully document in the patient'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:

- Conduct and document a Face-to-Face Evaluation (FTF)
- Complete a 5 Element Order (5EO)
- Sign and date a detailed written order (DWO)
- Medical record documentation requirements (see below)

ARAD with a backup rate feature is covered for a beneficiary with hypoventilation syndrome if both criteria A, B, and either criterion C or D are met:

A. A covered RAD without a backup rate feature 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 5 minutes of nocturnal recording time (minimum recording time of 2 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).

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

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