Hypoventilation Syndrome

For a Respiratory Assist Device (RAD) without 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)

A RAD device is covered if both criteria A and B and either criterion C or D are met.

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 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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