

Policy References: [Local Coverage Determination Respiratory Assist Device \(RAD\) \(L33800\) and Policy Article \(A52512\)](#)

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

Severe Chronic Obstructive Pulmonary Disorder (COPD)

For a Respiratory Assist Device (RAD) without a backup rate feature to be covered for severe COPD, 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:

- [Standard Written Order \(SWO\)](#)
- Medical record documentation requirements (see below)

A RAD without a backup rate feature is covered if criteria A-C are met.

- A. An arterial blood gas PaCO₂, done while awake and breathing the beneficiary's prescribed FIO₂, is greater than or equal to 52 mm Hg.
- B. Sleep oximetry demonstrates oxygen saturation less than or equal to 88% for greater than or equal to accumulative 5 minutes of nocturnal recording time (minimum recording time of 2 hours), done while breathing oxygen at 2 LPM or the beneficiary's prescribed FIO₂ (whichever is higher).
- C. Prior to initiating therapy, sleep apnea and treatment with a continuous positive airway pressure device (CPAP) has been considered and ruled out. (Note: Formal sleep testing is not required if there is sufficient information in the medical record to demonstrate that the beneficiary does not suffer from some form of sleep apnea (Obstructive Sleep Apnea (OSA), CSA and/or CompSA) as the predominant cause of awake hypercapnia or nocturnal arterial oxygen desaturation).

- [Medical record requirements after the first 90-days of RAD therapy](#)