PROCARE HOME MEDICAL

Respiratory Assist Devices

Documentation Requirements

Medicare/Medicaid (Commercial plans follow similar guidelines but are subject to the member's plan.)

- ★ CPAP/BiPAP Prescription
- ★ Medicaid - Medicaid Certificate of Medical Necessity
  - ☐ May replace prescription form if the "plan" section of the CMN lists all equipment and quantity of supplies needed per month.

Medical Records

- ★ Face to face visit with treating practitioner assessing the patient for one of the conditions below and symptoms characteristic of sleep associated hypoventilation, such as:
  - ☐ Daytime hypersomnolence,
  - ☐ Excessive fatigue,
  - ☐ Morning headache,
  - ☐ Cognitive dysfunction,
  - ☐ For Medicaid, this visit must be within the last 6 months.
- ★ Restrictive Thoracic Disorders
  - ☐ Patient has a neuromuscular disease or a severe thoracic cage abnormality, and
    - Neuromuscular disease, either:
      - Maximal inspiratory pressure is less than 60 cm H2O,
      - Forced vital capacity is less than 50% predicted.
  - ☐ One of the following:
    - An arterial Blood gas PaCO2 greater than or equal to 45 mmHg, done while awake and breathing the patient's prescribed oxygen (room air if not receiving oxygen therapy),
    - Sleep oximetry with an oxygen 88% or below for 5 minutes of nocturnal recording time, breathing the patient's prescribed oxygen (room air if not receiving oxygen therapy).
      - Sleep test recording must be at least 2 hours long.
  - ☐ Chronic obstructive pulmonary disease did not contribute significantly to the patient's pulmonary limitation.
  - ☐ Medical record must support the judgement of the treating practitioner in ordering a RAD device with backup rate versus without backup rate.
- ★ Severe Chronic pulmonary obstructive disease (COPD)
  - ☐ An arterial blood gas PaCO2 greater than or equal to 52 mmHg, done while awake and breathing the patient's prescribed oxygen (room air if not receiving oxygen therapy), ang
  - ☐ Sleep oximetry with an oxygen saturation of 88% or below for 5 minutes of nocturnal recording time, breathing oxygen of 2 LPM the patient's prescribed oxygen, whichever is higher.
    - Sleep test recording must be at least 2 hours long.

- ☐ Prior to initiating RAD therapy, sleep apnea and treatment with a CPAP device was considered and ruled out.
- ☐ For a RAD device with a backup rate, patient is on a RAD device without backup and one of the following situations:
  - Situation 1
    - Anytime after starting therapy, has an arterial blood gas PaCO2, done while awake, and breathing the patient's prescribed oxygen (room air if not receiving oxygen therapy), that shows the beneficiary's PaCO2 worsened 7 mmHg or more compared to the original result, and
    - Facility based polysomnogram, while using the RAD device, with an oxygen saturation of 88% or below for 5 minutes or more that is not caused by obstructive sleep apnea (AHI, RDI, REI less than 5).
  - Situation 2
    - No sooner than 61 days after starting therapy, patient has an arterial Blood gas PaCO2 greater than or equal to 52 mmHg, done while awake and breathing the patient's prescribed oxygen (room air if not receiving oxygen therapy), and
    - Sleep oximetry, while using the RAD device, with an oxygen 88% or below for 5 minutes of nocturnal recording time, breathing 2 LPM of oxygen, or the patient's prescribed oxygen, whichever is higher.
      - Sleep test recording must be at least 2 hours long.

★ Central or Complex Sleep Apnea

- ☐ A facility based, attended polysomnogram with a diagnosis of complex or central sleep apnea,
- ☐ Titration portion of study shows significant improvement of the sleep associated hypoventilation with the use of the RAD device on the settings prescribed for initial use at home, while breathing the patient's prescribed oxygen (room air if not receiving oxygen therapy).
- ☐ Medical record must support the judgement of the treating practitioner in ordering a RAD device with backup rate versus without backup rate.

★ Hypoventilation Syndrome

- ☐ An arterial Blood gas PaCO2 greater than or equal to 45 mmHg, done while awake and breathing the patient's prescribed oxygen (room air if not receiving oxygen therapy), and
- ☐ Spirometry shows an FEV1/FVC greater than or equal to 70%, and
- ☐ Either:
  - An arterial blood gas PaCO2, done during sleep or immediately upon awakening, and breathing the patient's prescribed oxygen (room air if not receiving oxygen therapy), that shows the beneficiary's PaCO2 worsened 7 mmHg or more compared to the original result.
  - Polysomnogram with an oxygen saturation of 88% or below for 5 minutes or more that is not caused by obstructive sleep apnea (AHI, RDI, REI less than 5).
- ☐ For a BiPAP with backup, patient is using a covered RAD without backup that is not resolving condition.

<u>Medicare/Medicaid Compliance</u>

- For patient to receive supplies after 90 days from setup date and insurance to continue to pay for equipment, the following must be completed:
  - Machine download that documents use > or equal to 4 hours/day consistently during the trial period.

- Face to face visit performed between 61 and 90 days after the equipment setup date.
    - The visit must document the treating practitioner's review of the compliant download and that the judgement of the treating practitioner is that the patient is consistently using the machine 4 hour of more in a 24 hour period.

The content and interpretation of this information is subject to change without notice. Documentation requirements vary by payor and additional may be requested by individual payor guidelines. Medicare NCD guide link: https://med.noridianmedicare.com/web/jddme/policies/lcd/active