

Respiratory Assist Device (RAD) Chart

	Progressive Neuromuscular Disease	Severe Thoracic Cage Abnormality	Chronic Obstructive Pulmonary Disease (COPD)	Central Sleep Apnea (CSA) Or Complex Sleep Apnea (CompSA)	Obstructive Sleep Apnea (OSA)
Awake Arterial Blood Gas PaCO ₂ while breathing the patient's usual FIO ₂	PaCO ₂ > 45 mm HG <u>Or</u>	PaCO ₂ > 45 mm HG <u>Or</u>	PaCO ₂ > 52 mm HG <u>And</u>		
Sleep Oximetry	Oxygen Saturation ≤88% (for at least 5 continuous minutes while breathing patient's usual FIO ₂) <u>Or</u>	Oxygen Saturation ≤88% (for at least 5 continuous minutes while breathing patient's usual FIO ₂) <u>Or</u>	Oxygen Saturation ≤88% (for at least 5 continuous minutes while breathing oxygen at 2 LPM or patient's usual FIO ₂ , whichever is higher)		
Pulmonary Function Test	Maximal Inspiratory Pressure (MIP) <60 cm H ₂ O or Forced Vital Capacity (FVC) <50% predicted				
Polysomnogram				Diagnosis of Central Sleep Apnea (CSA) Or Complex Sleep Apnea (CompSA)	Diagnosis of Obstructive Sleep Apnea (OSA) with AHI ≥15 <u>Or</u> AHI = 5-14 <u>And</u>
Other	<u>And</u> documentation that COPD does not contribute significantly to the patient's pulmonary limitation	<u>And</u> documentation that COPD does not contribute significantly to the patient's pulmonary limitation	<u>And</u> Prior to initiating therapy, OSA (and treatment with CPAP) has been considered and ruled out	<u>And</u> significant improvement of the sleep-associated hypoventilation with Bi-level pap	Documented symptoms of: Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia, <u>Or</u> HTN, ischemic heart disease, or history of stroke, <u>and</u>
CPAP has been tried and ruled out as effective therapy				CPAP has been considered and ruled out.	CPAP has been <u>tried</u> and ruled out as effective therapy.
Devices Covered	Either an E0470 or an E0471 device (based upon the judgment of the treating physician)	Either an E0470 or an E0471 device (based upon the judgment of the treating physician)	E0470 (for at least the first 3 months) E0471 (after the first 2 months if additional criteria are met)	Either an E0470 or an E0471 device (based upon the judgment of the treating physician)	E0470 <u>only</u>