



RESPIRATORY ASSIST DEVICES (RAD) FOR RESTRICTIVE THORACIC DISORDERS

June 2018

We *IMPACT* lives.

Dear Physician,

Medicare provides reimbursement for bi-level positive airway pressure (PAP) devices, with and without back-up rate, for the treatment of restrictive thoracic disorders (i.e., neuromuscular diseases or severe thoracic cage abnormalities) when certain specified coverage criteria are met. Coverage is also available for beneficiaries with certain central sleep apnea (CSA), complex sleep apnea (CompSA), chronic obstructive pulmonary disease (COPD) and hypoventilation syndrome diagnoses. The information in this letter is intended to assist you in documenting that your patient meets Medicare criteria for initial coverage of a RAD for your patient with restrictive thoracic disorders and neuromuscular diseases. Additional *Dear Physician* letters are available to address the criteria for coverage of other diagnoses.

Requirements for coverage of a RAD device for restrictive thoracic disorders (i.e., neuromuscular diseases or severe thoracic cage abnormalities) are described in the following excerpt from the RAD LCD.

Restrictive Thoracic Disorders

A bi-level device without backup rate (E0470) or a bi-level device with backup rate (E0471) is covered when criteria A – C are met.

- A. There is documentation in the beneficiary's medical record of a neuromuscular disease (for example, amyotrophic lateral sclerosis) or a severe thoracic cage abnormality (for example, post-thoracoplasty for TB).
- B. One of the following:
  - a. An arterial blood gas PaCO<sub>2</sub>, done while awake and breathing the beneficiary's prescribed FIO<sub>2</sub> is greater than or equal to 45 mm Hg, or
  - b. Sleep oximetry demonstrates oxygen saturation less than or equal to 88% for greater than or equal to 5 minutes of nocturnal recording time (minimum recording time of 2 hours), done while breathing the beneficiary's prescribed recommended FIO<sub>2</sub>, or
  - c. For a neuromuscular disease (only), either i or ii,
    - i. Maximal inspiratory pressure is less than 60 cm H<sub>2</sub>O, or
    - ii. Forced vital capacity is less than 50% predicted
- C. Chronic obstructive pulmonary disease does not contribute significantly to the beneficiary's pulmonary limitation.

If all of the above criteria are met, either an E0470 or an E0471 device (based upon the judgment of the treating physician) will be covered for the first three months of therapy.

If all of the above criteria are not met, then E0470 or E0471 and related accessories will be denied as not reasonable and necessary.



In the event of an audit, your medical record may be used to demonstrate that the criteria above are met for your patient. We encourage you to thoroughly address the applicable requirements in your records at the time you prescribe the RAD device.

In addition to the initial coverage requirements discussed above, all beneficiaries using RAD must have a re-evaluation during the third month of use. The evaluation must be documented in your records for Medicare to continue to pay for a RAD after the third month. The re-evaluation requirements are:

No sooner than the 61st day after initiating therapy, you must conduct a clinical re-evaluation and document that your patient is compliantly using and benefiting from RAD therapy. This is demonstrated by:

- A face-to-face visit with your patient on or after the 61<sup>st</sup> day of the trial (not before the 61<sup>st</sup> day) that documents:
  - Medical record documentation about the progress of relevant symptoms and beneficiary usage of the device up to that time.
  - A signed and dated statement completed by the treating physician no sooner than 61 days after initiating use of the device, declaring that the beneficiary is compliantly using the device (an average of 4 hours per 24-hour period) and that the beneficiary is benefiting from its use.

It is important to stay in communication with your patient’s DME company or track compliance yourself so that, a follow-up visit can be scheduled no sooner than 61 days after initiating therapy.

This letter provides only limited details on the coverage of RAD for restrictive thoracic disorders (i.e., neuromuscular diseases or severe thoracic cage abnormalities). Refer to the Respiratory Assist Device [LCD](#), [LCD-related Policy Article](#), and [Standard Documentation Requirements](#) for additional information regarding Medicare coverage, coding, and documentation.

Wilfred Mamuya, MD, PhD Medical Director, DME MAC, Jurisdiction A Noridian Healthcare Solutions 900 42nd Street South Fargo, ND 58103-2146	Robert D. Hoover, Jr., MD, MPH, FACP Medical Director, DME MAC, Jurisdiction C CGS Administrators, LLC 2 Vantage Way Nashville, TN 37228-1504
Stacey V. Brennan, MD, FAAFP Medical Director, DME MAC, Jurisdiction B CGS Administrators, LLC 2 Vantage Way Nashville, TN 37228-1504	Peter J. Gurk, MD, CPE, CHCQM Medical Director, DME MAC, Jurisdiction D Noridian Healthcare Solutions 900 42nd Street South Fargo, ND 58103-2146