I. Restrictive Thoracic Disorders

Perform one of the following:
- **ABGs** (done while awake and on prescribed FiO2)
  \( \text{PaCO}_2 \geq 52 \text{ mm Hg} \)
- **Sleep oximetry**
  Oxygen saturation \( \leq 88\% \) for \( \geq 5 \) minutes, minimum 2 hours recording time (patient’s prescribed FiO2 or
- **For neuromuscular disease only, either**
  \( \text{FVC} < 50\% \) of predicted or \( \text{MIP} < 60 \text{ cm H}_2\text{O} \)

COPD does not contribute significantly to pulmonary limitation

Based on the treating physician’s judgment

II. COPD

For COPD patients to qualify for a RAD with backup rate (E0471):

**Situation 1**
After period of initial use of an E0470; ABG (done while awake and on prescribed FiO2) shows \( \text{PaCO}_2 \) worsens \( \geq 7 \text{ mm Hg} \) compared to original ABG result; PSG demonstrates oxygen saturation \( \leq 88\% \) for \( \geq 5 \) minutes, minimum 2 hours nocturnal recording time while on an E0470 and not caused by obstructive upper airway events (ie, \( \text{AHI} < 5 \)).

**Situation 2**
No sooner than 61 days after initial use of E0470; ABG (done while awake and on prescribed FiO2) shows \( \text{PaCO}_2 \geq 52 \text{ mm Hg} \); Sleep oximetry on an E0470 demonstrates oxygen saturation \( \leq 88\% \) for \( \geq 5 \) minutes, minimum 2 hours nocturnal recording time (while on 2 L/min O2 or patient’s prescribed FiO2, whichever is higher).

ResMed E0470 and E0471 Devices
- E0470–Bilevel without a backup rate
  - VPAP** Auto
  - VPAP S
  - VPAP COPD
- E0471–Bilevel with a backup rate
  - VPAP ST
  - VPAP ST– A
  - VPAP Adapt
  - Stellar*

* For invasive use, code E0472

Respiratory Assist Device (RAD) Documentation Requirements for Continued Coverage Beyond First 3 months
Patients on an E0470 or E0471 device must be reevaluated no sooner than 61 days after initiating therapy.

**Required Documentation**
- Progress of relevant symptoms
- Signed and dated statement by treating physician declaring patient using average 4 hours per 24-hour period and patient benefiting from use
III. Central Sleep Apnea or Complex Sleep Apnea

- Full PSG, attended in sleep lab documents the following
- Diagnosis of central sleep apnea or complex sleep apnea
- Improvement of sleep-associated hypoventilation with use of E0470 or E0471 device on:
  - Settings that will be prescribed for initial use at home
  - Patient’s prescribed FiO2

(E0470) or (E0471) Based on the treating physician’s judgment

IV. Hypoventilation

- ABGs (done while awake and on prescribed FiO2)
  - PaCO2 ≥ 45 mm Hg
- Covered E0470 is being used

Spirometry
- FEV1/FVC ≥ 70% and an FEV1 ≥ 50% of predicted
  - Refer to SEVERE COPD category for information about device coverage for patients with FEV1/FVC <70% or FEV1 <50% of predicted

Spirometry
- FEV1/FVC ≥ 70% and an FEV1 ≥ 50% of predicted
  - Refer to SEVERE COPD category for information about device coverage for patients with FEV1/FVC <70% or FEV1 <50% of predicted

- ABGs (done during sleep and on prescribed FiO2)
  - PaCO2 worsens ≥ 7 mm Hg compared to original ABG and on prescribed FiO2 or
  - PSG demonstrates oxygen saturation ≤ 88% for ≥ 5 minutes, minimum 2 hours recording time not caused by obstructive upper airway events (ie, AHI < 5)

(E0470)

- ABGs (done while awake and on prescribed FiO2)
  - PaCO2 worsens ≥ 7 mm Hg compared to ABG result used to qualify for E0470 or
  - PSG demonstrates oxygen saturation ≤ 88% for ≥ 5 minutes, minimum 2 hours nocturnal recording time, on E0470 and not caused by obstructive upper airway events (ie, AHI < 5)

(E0471)

A diagnosis of central sleep apnea (CSA) requires all of the following:
1. An apnea–hypopnea index ≥ 5
2. Central apneas/hypopneas > 50% of the total apneas/hypopneas
3. Central apneas or hypopneas ≥ 5 times per hour
4. Symptoms of either excessive sleepiness or disrupted sleep

Complex sleep apnea (CompSA) is a form of central apnea
- Identified by the persistence or emergence of central apneas or hypopneas upon exposure to CPAP or an E0470 device when obstructive events have disappeared
- CompSA patients have predominately obstructive or mixed apneas during the diagnostic sleep study occurring at ≥ 5 times per hour
- With use of a CPAP or E0470 device, they show a pattern of apneas and hypopneas that meets the definition of CSA

This information is provided as of the date listed, and all coding and reimbursement information is subject to change without notice. It is the provider’s responsibility to verify coding and coverage with payors directly. For a full description of the policy go to www.cms.hhs.gov. ResMed reimbursement hotline, dial 1-800-424-0737 and select option 4.

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