

Use of this template is voluntary / optional

Respiratory Assist Device (RAD)

Laboratory Test Results Template Guidance

Purpose

This template is designed to assist a clinician in documenting pertinent and essential information regarding Respiratory Assist Device (RAD) Therapy Laboratory Test Results to meet requirements for Medicare eligibility and coverage. This template is available to the clinician and can be kept on file with the patient's medical record or can be used to develop a laboratory test results template for use with the system containing the patient's electronic medical record.

Patient eligibility

Eligibility for coverage of a RAD under Medicare requires the ordering physician or allowed Non-Physician Practitioner (NPP)¹ establish that coverage criteria are met. This helps to ensure the RAD and accessories provided are consistent with the physician's prescription and supported in the patient's medical record.

Completing the RAD Laboratory Test Results Template does not guarantee eligibility and coverage but does provide guidance in documenting the laboratory test results in support of the RAD and accessories ordered and billed to Medicare. This Template may be used with the Respiratory Assist Device Order Template and Respiratory Assist Device Face to Face Template.

Testing requirements

For coverage of a RAD (E0470 or E0471), the documentation of laboratory test results needs to confirm one or more of the following indications supporting the use of RAD therapy (See Appendix A) are met for the patient's diagnosed condition:

Indications for use of a RAD is divided into four categories:

- Restrictive thoracic disorders, (i.e., progressive neuromuscular disorders or severe thoracic cage abnormalities);
- Severe chronic obstructive pulmonary disease (COPD);
 - Use of a RAD in COPD patients requires,
 - A facility-based polysomnogram to rule out obstructive sleep apnea in order to initiate Medicare coverage,
 - A prerequisite trial of noninvasive ventilation without a backup rate, and
 - Treatment with continuous positive airway pressure devices.
- Central sleep apnea, i.e., apnea not due to airway obstruction;
- Hypoventilation; and

¹ A Medicare allowed NPP as defined is a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861 (aa) (5) of the Social Security Act) who is working in accordance with State law.

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- Obstructive sleep apnea (OSA).

See Appendices A&B for further guidance.

Who can complete the RAD Laboratory Test Results Template?

- Physician / NPP who performed the test, or a
- Medicare allowed provider or supplier of laboratory testing services.

Note: If the laboratory test results template is used:

1) CDEs in black Calibri are required

2) CDEs in *burnt orange Italics Calibri* are required if the condition is met

3) CDEs in *blue Times New Roman* are recommended but not required

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Respiratory Assist Device Laboratory Test Results Template	
Patient information:	
Last name: _____ First name: _____ MI: _____	
DOB (MM/DD/YYYY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Medicare ID: _____	
Provider (physician/NPP) who is performing the face-to-face evaluation:	
Last name: _____ First name: _____ MI: _____ Suffix: _____	
NPI: _____ Date of face-to-face evaluation (MM/DD/YYYY): _____	
Date of testing (MM/DD/YYYY): _____	
Person or entity performing testing (e.g. IDTF):	
Laboratory: _____ NPI: _____	
Name of Tester: _____ Tester Credentials: _____	
Was the patient receiving oxygen while the test was being performed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If Yes: Flow rate: ____/____ (LPM/Oxygen %)</i>	
Means of oxygen delivery: <input type="checkbox"/> Nasal cannula <input type="checkbox"/> Non-rebreather <input type="checkbox"/> Ventilator <input type="checkbox"/> Mask <input type="checkbox"/> Other _____	
<i>Arterial Blood Gas (at rest):</i> PH: _____ PaCO ₂ : _____ mmHg O ₂ Sat: _____%	
HCO ₃ : _____ mmol/L Hematocrit: _____% PaO ₂ : _____ mmHg	
<i>Arterial Blood Gas (during sleep or immediately upon awakening)</i> PH: _____ PaCO ₂ : _____ mmHg O ₂ Sat: _____%	
HCO ₃ : _____ mmol/L Hematocrit: _____% PaO ₂ : _____ mmHg	
<i>Overnight oximetry results (while asleep and on room air):</i> O ₂ Sat: _____%	
<i>(lowest value with total aggregate duration of no less than five (5) minutes during testing)</i>	
_____ Facility based polysomnogram (PSG) or _____ Home Sleep Testing (HST)	
Signature, name, date completed and NPI	
Signature: _____	
Name (Printed): _____	
Date (MM/DD/YYYY): _____ NPI _____	