## Medicare Criteria for Hypoventilation Syndrome

## Bilevel with backup rate device will be covered if Criterion A, B and either C or D are met.

## Criterion A

A covered Bilevel Without Backup Rate device is being used.

## AND

## Criterion B

Spirometry shows an FEV1/FVC $\geq 70 \%$ and an FEV1 $\geq 50 \%$ of

AND

## Criterion C

An arterial blood gas PaCO 2 done while awake and breathing the patient's prescribed FIO2 shows that the beneficiary's PaCO2 worsens $\geq 7 \mathrm{~mm} \mathrm{Hg}$ compared to the ABG result performed to qualify the patient for the E0470 device.

## OR

## Criterion D

A facility-based PSG demonstrates oxygen saturation $\leq 88 \%$ for 5 minutes of nocturnal recording time (minimum recording time for 2 hours) that is not caused by obstructive upper airway events.

After the first three months, a patient must be re-evaluated to establish the medical necessity of continued coverage by Medicare no sooner than 61 days after initiating therapy by the treating physician. Medicare will not continue coverage for the fourth and succeeding months of therapy until this re-evaluation has been completed.

There must be documentation in the patient's medical record about the progress of relevant symptoms and patient usage of the device up to the that time. Failure of the patient to be consistently using the Bilevel Device With Backup Rate for an average of 4 hours per 24-hour period by the time of re-evaluation would represent non-compliant utilization and constitute reason for Medicare to deny continued coverage as not medically necessary.

A signed and dated statement completed by the treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device and that the patient is benefiting from its use, must be obtained by the supplier of the device for continued coverage beyond three months.

