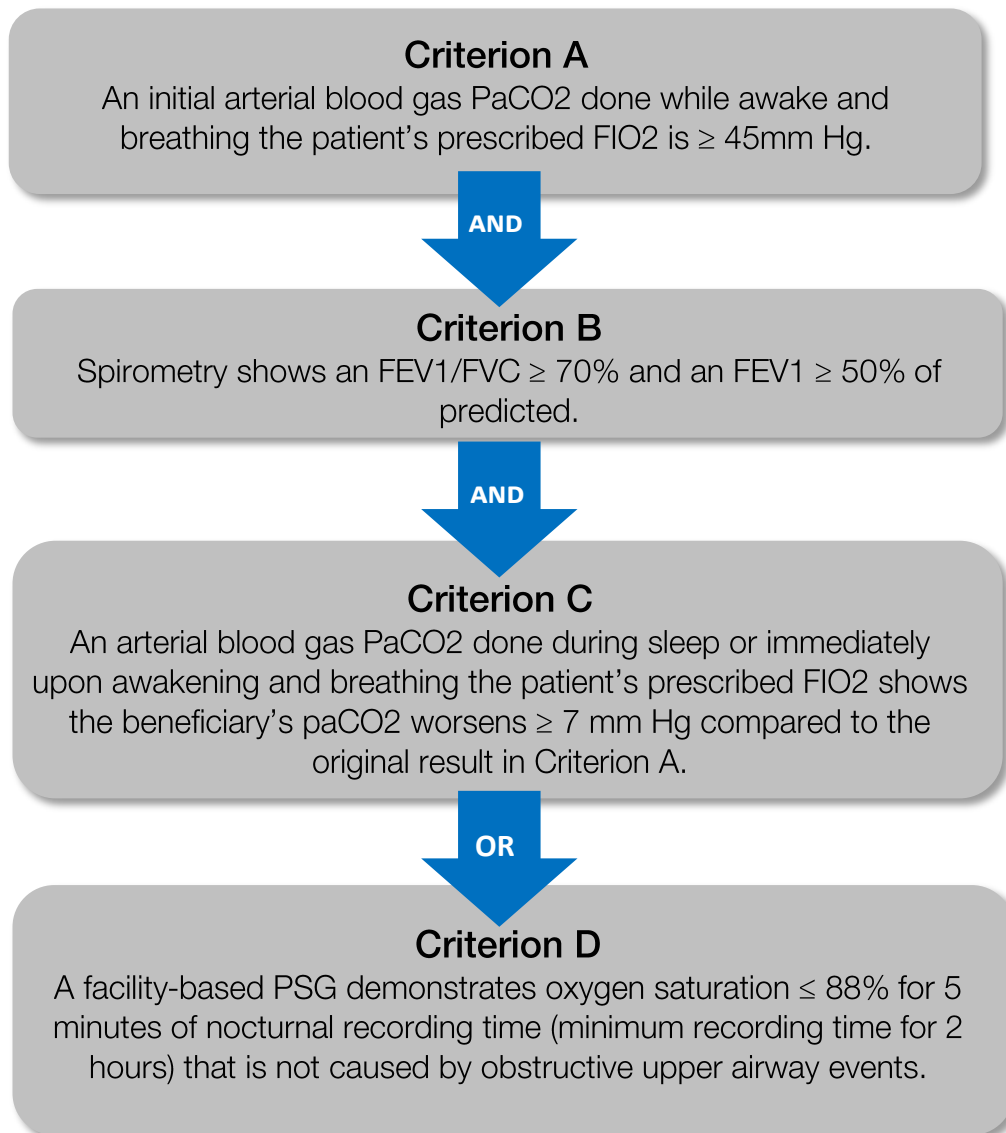


MEDICARE CRITERIA FOR HYPOVENTILATION SYNDROME

BILEVEL WITHOUT BACKUP RATE DEVICE will be covered if Criterion A, B and either C or D are met.



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 Without 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.