RAD Order Checklist

For BiLevel with backup rate (E0470 / E0471). Please provide the following documentation:

- Patient demographic information
- Face-to-face evaluation chart notes establishing the qualifying condition
- Documented qualifying condition (one must apply):
  - Restrictive thoracic disorder (neuromuscular disease or severe thoracic cage abnormality) with chronic hypercapnia
  - Severe COPD: ABG on prescribed FiO_2 showing $PaCO_2 \geq 52$ mmHg and sleep oximetry $SaO_2 \leq 88\%$ for ≥ 5 minutes
  - Central or complex sleep apnea documented per Medicare criteria
  - Hypoventilation syndrome with awake $PaCO_2 \geq 45$ mmHg
- Most recent arterial blood gas or pulmonary function results, if applicable
- RAD Standard Written Order (SWO) required elements:
  - Patient name
  - Order date
  - Device type (E0470 or E0471), IPAP / EPAP / backup rate, and concurrently ordered supplies
  - Quantity to be dispensed
  - Treating practitioner name or National Provider Identifier (NPI)
  - Treating practitioner's signature
  - SWO date must be on or prior to delivery date and needs to be on file prior to billing

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