MO HealthNet PA Criteria

Medical Procedure Class:	**DME RESPIRATORY ASSIST DEVICE (RAD) WITH BACK- UP RATE - E0471 (KJRR)**
Implementation Date:	**05/01/2008**
Prepared for:	**MO HealthNet**
Prepared by:	**Conduent Business Services, LLC**

☒ **New Criteria** ☐ **Revision of Existing Criteria**

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of RAD with back-up rate.
Why was this Issue Selected:	Senate Bill 577 passed by the 94th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
Procedures subject to Pre-Certification	E0471: Respiratory assist device, bi-level pressure capability with backup rate feature, used with noninvasive interface, e.g. nasal mask or facial mask

Setting & Population:	All MO HealthNet fee-for-service participants

Data Sources:	☒ **Medicare LCD**	☒ **MHN Consultants**

Setting & Population

- Procedure Group for review: E0471 (KJRR)
- Age range: All MO HealthNet fee-for-service participants

Approval Criteria

- Patient has been re-evaluated no sooner than 61 days after initiation of RAD with back-up rate therapy.
- Medical record documents progress of symptoms noted during re-evaluation and patient benefits from use of the device.
- Medical record documents patient use of RAD with back-up rate an average of 4 hours per 24 hour period by time of re-evaluation.
- Provider record contains signed and dated statement completed by the treating physician no sooner than 61 days after initiating use of device declaring patient is compliantly using device an average of 4 hours per 24 hour period and the patient benefits from its use.
- Provider record contains patient-signed and dated statement that patient is compliantly using device for at least 4 hours per 24 hour period and has used the device for at least 2 months.

Denial Criteria

- Patient is being re-evaluated less than 61 days after initiation of RAD with back-up rate therapy.
- Medical record does not document progress of symptoms noted during re-evaluation, or patient does not benefit from use of the device.
- Medical record does not document patient use of RAD with back-up rate an average of 4 hours per 24 hour period by time of re-evaluation.
- Provider record does not contain signed and dated statement completed by the treating physician no sooner than 61 days after initiating use of device declaring patient is compliantly using device an average of 4 hours per 24 hour period and the patient benefits from its use.
- Provider record does not contain patient-signed and dated statement that patient is compliantly using device for at least 4 hours per 24 hour period and has used the device for at least 2 months.

Approval Period

E0471 (KJRR): Months 4 – 22 (22 Month Approval)