

TRANSCEND MEDICAL CHECKLIST

E0470 BiPap (no backup rate)

- Meets All criteria for E0601 CPAP
- E0601 was tried and proved to be ineffective based on a therapeutic trial conducted in either a facility or home setting
- Interface Fit and comfort addressed and appropriate interface has been properly fit and the beneficiary is using without difficulty. This interface will be used with the E0470 Device
- Adjustments to the E0601 pressure settings were addressed. The current pressure setting of the E0601 prevents the beneficiary from tolerating the therapy and lower pressure settings of the E0601 were tried but failed to:
 - Adequately control the symptoms of OSA
or
 - Improve sleep quality
or
 - Reduce the AHI/RDI to acceptable levels.

NOTE: If an E0601 device is tried and found ineffective during the initial facility-based titration or home trial, substitution of an E0470 device does not require a new initial in-person clinical evaluation or a new sleep test. During this time period, a change from an E0601 to an E0470 does not change the **length of the trial unless there is less than 30 days remaining in the trial period**. If more than 30 days remain in the trial period, the clinical re-evaluation would still occur between the 31st and 91st day following the initiation of the E0601 use and adherence documentation on the E0470 would need to occur prior to the 91st day following initial use of the E0601. **If less than 30 days remain in the trial period, the clinical re-evaluation and adherence report must occur before the 120th day following initiation of the E0601. If an E0601 device has been used for more than 3 months and the beneficiary is switched to an E0470, a new initial in-person clinical evaluation is required, but a new sleep test is not required.** A new 3-month trial would begin for use of the E0470. A clinical re-evaluation must occur between the 31st and 91st day following initiation of the E0470 and there would also need to be documentation of adherence to therapy during the 3-month trial with an E0470.

Please fax to Transcend Medical – 256-259-1498