

# Idaho Medicaid Positive Airway Pressure Devices (Bipap/Cpap) Supplemental Form

Please complete entire form and submit with DME Prior Authorization Form to (877) 314-8782

## Medicaid Participant Information

Last Name:

First Name:

Initial:

Initial Request – Three Month Rental

Continued Authorization – Seven Month Rental

## Required Documentation for Initial Request

All requests must include documentation showing the participant meets criteria for one of these groups.

### 1. Central Sleep or Complex Sleep Apnea (CSA) – E0470 or E0471

Defined: AHI >5 and CSA or CSH >50% of total and CSA or CSH ≥5/hr and excessive sleepiness/disrupted sleep

A complete polysomnogram must be performed documenting the following:

- Diagnosis of central sleep apnea (CSA) or complex sleep apnea; **AND**
- Exclusion of obstructive sleep apnea (OSA) as the predominant cause of sleep associated hypoventilation; **AND**
- Significant improvement of the sleep associated hypoventilation with the use of a E0470 or E0471 device on the settings that will be prescribed for initial use at home while breathing the patients usual FIO2.

### 2. Hypoventilation Syndrome – E0470 or E0471

- An initial arterial blood gas PaCO<sub>2</sub>, done while awake and breathing the beneficiary's prescribed FIO<sub>2</sub>, is greater than or equal to 45 mm Hg; **AND**
- Spirometry shows an FEV<sub>1</sub>/FVC greater than or equal to 70%; **AND**
  - An arterial blood gas PaCO<sub>2</sub>, done during sleep or immediately upon awakening, and breathing the beneficiary's prescribed FIO<sub>2</sub>, shows the beneficiary's PaCO<sub>2</sub> worsened greater than or equal to 7 mm HG compared to the original result in the initial test. For E0471, an arterial blood gas PaCO<sub>2</sub>, done while awake, and breathing the beneficiary's prescribed FIO<sub>2</sub>, shows that the beneficiary's PaCO<sub>2</sub> worsens greater than or equal to 7 mm HG compared to the ABG result performed to qualify the beneficiary for the E0470 device; **OR**
  - A facility-based PSG or HST demonstrates oxygen saturation less than or equal to 88% for greater than or equal to 5 minutes of nocturnal recording time (minimum recording time of 2 hours) that is not caused by obstructive upper airway events – i.e., AHI less than 5. For an E0471 AHI remains less than 5 while using E0470.

### 3. Obstructive Sleep Apnea (OSA) – E0601 or E0470

- Face to face evaluation with treating physician within 3 months before sleep study; **AND**
- The patient has a sleep test that meets either of the following criteria (provide documentation):
  - The apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI) is greater than or equal to 15 events per hour with a minimum of 30 events; **OR**
  - The AHI or RDI is greater than or equal to 5 and less than or equal to 14 events per hour with a minimum of 10 events **AND** documentation of:
    - Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; **OR**
    - Hypertension, ischemic heart disease, or history of stroke.
- For E0470, C-PAP (E0601) has been tried and proven ineffective based on a therapeutic trial conducted in either a facility or in a home setting (include documentation).

### 4. Restrictive Thoracic Disorders – E0470 or E0471

- Documentation of progressive neuromuscular disease (i.e. ALS) or a severe thoracic cage abnormality (i.e. post-thoracoplasty for TB); **AND**
- Chronic obstructive pulmonary disease does not contribute significantly to the patient's pulmonary limitation; **AND**
  - An arterial blood gas PaCO<sub>2</sub>, done while awake and breathing the patient's FIO<sub>2</sub> is greater than or equal to 45 mm Hg; **OR**
  - Sleep oximetry demonstrating oxygen saturation less than or equal to 88% for at least five continuous minutes, done while breathing the patient's usual FIO<sub>2</sub>; **OR**
  - Only for a progressive neuromuscular disease maximal inspiratory pressure is less than 60 cm H<sub>2</sub>O or forced vital capacity is less than 50% predicted.

Fax: (877) 314-8782 Phone: (866) 205-7403

More information is available at [www.dme.idaho.gov](http://www.dme.idaho.gov) and [www.idmedicaid.com](http://www.idmedicaid.com)

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### 5. Severe Chronic Obstructive Pulmonary Disease (COPD) – E0470 or E0471

- An arterial blood gas PaCO<sub>2</sub>, done while awake and breathing the patients usual FIO<sub>2</sub>, is greater than or equal to 52 mm Hg; **AND**
- Sleep oximetry demonstrates oxygen saturation less than or equal to 88% for at least five continuous minutes in a two hour period, done while breathing oxygen at 2 LPM or the patients usual FIO<sub>2</sub> (whichever is higher); **AND**
- Prior to initiating therapy, OSA (and treatment with CPAP) has been considered and ruled out.

**In addition to the E0470 requirements listed above, for an E0471 also provide documentation that either A or B below apply:**

- A)**  An arterial blood gas PaCO<sub>2</sub>, done while awake and breathing the patient's prescribed FIO<sub>2</sub> that shows that the participants PaCO<sub>2</sub> worsens  $\geq 7$  mm Hg compared to the original result; **AND**
  - A facility-based PSG demonstrates oxygen saturation  $\leq 88\%$  for  $\geq 5$  minutes of nocturnal recording time (minimum recording time of 2 hours) while using an E0470 device that is not caused by obstructive upper airway events – i.e., AHI  $< 5$ .
- B)** At a time no sooner than 61 days after initial issue of the E0470 device:
  - An arterial blood gas PaCO<sub>2</sub> done while awake and breathing showing that the patient's prescribed FIO<sub>2</sub> still remains  $\geq 52$  mm Hg; **AND**
  - Sleep oximetry while breathing with the E0470 device that demonstrates oxygen saturation  $\leq 88\%$  for  $\geq 5$  minutes of nocturnal recording time (minimum recording time of 2 hours), done while breathing oxygen at 2 LPM or the patient's prescribed FIO<sub>2</sub> [whichever is higher].

### Required Documentation for Renewal

- Continued Coverage for E0601, E0470 and E0471 devices beyond first three months of therapy:**
- Objective evidence of use of 4 hours per night on 70% of nights during a consecutive thirty day period anytime during the first three months of initial usage.
- Documentation of a face-to-face clinical re-evaluation by the treating physician confirming that symptoms of obstructive sleep apnea are improved

The status of a prior authorization request may be checked online at the [www.idmedicaid.com](http://www.idmedicaid.com) under "Authorization Status", using your NPI, or by contacting Molina at (866) 686-4272.