Kepro/Hillsborough (HCHCP) Prior Authorization

BiPAP Questionnaire

CPT CODES: E0470, E0471, E0472

Initial Rental Request:

Q1 Patient has daytime symptoms of sleep−disordered breathing

Q2 Patient has obstructive sleep apnea and failed CPAP

Q3 Patient has central/complex sleep apnea with Dx by attended facility−based polysomnogram

Q4 Patient has central/complex sleep apnea and CPAP failed to improve daytime symptoms of sleep−disordered breathing

Q5 Patient has central/complex sleep apnea with AHI improved with use of NIPPV

Q6 Patient has progressive neuromuscular condition with PCO2 >= 45 mmHg measured on room air/O2 while awake

Q7 Patient has progressive neuromuscular condition with FVC (Forced vital capacity) < 50% predicted

Q8 Patient has progressive neuromuscular condition with Maximum inspiratory pressure < 60 cm H2O

Q9 Patient has progressive neuromuscular condition with Nocturnal O2 sat <= 88% measured on room air/O2 for >= 5 mins

Q10 Patient has COPD with PCO2 >= 55 mmHg measured on room air/O2 while awake

Q11 Patient has COPD with PCO2 50 to 54 mmHg and nocturnal desaturation and evidenced by nocturnal O2 sat <= 88% and Measured on O2 >= 2L/min for >= 5 min

Q12 Patient has COPD with PCO2 50 to 54 mmHg and hospitalization >= 2x w/in 1 yr for respiratory failure

Q13 Patient has limited thoracic expansion with PCO2 >= 45 mmHg measured on room air/O2 while awake

Q14 Patient has limited thoracic expansion with Nocturnal O2 sat <= 88% measured on room air/O2 for >= 5 mins

Q15 A face-to-face clinical evaluation by the treating physician before the sleep test to assess the patient for OSA.

Q16 A Medicare-covered sleep test that meets one of the following: 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: a. Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; or

Hypertension, ischemic heart disease, or history of stroke.

Q17 The patient and/or their caregiver received instructions from the supplier of the PAP device and accessories in the proper use and care of the equipment.

Q18 A face-to-face encounter during the 6-month period preceding the written order.

Q19 Objective evidence of continued need and continued use.

Q20 The CPAP device has been tried and proved ineffective based on the therapeutic trial conducted either in a facility or in a home setting.

Q21 The patient has had at least a 70% or higher compliance rate of using the CPAP machine

Renewal Request

Continued coverage of a PAP device (E0470 or E0601) beyond the first three months of therapy requires that, no sooner than the 31st day but no later than the 91st day after initiating therapy, the treating physician must conduct a clinical re-evaluation and document that the beneficiary is benefiting from PAP therapy.

For PAP devices with initial dates of service on or after November 1, 2008, documentation of clinical benefit is demonstrated by:

Q22 Face-to-face clinical re-evaluation by the treating physician with documentation that symptoms of obstructive sleep apnea are improved; **and**,

Q23 Objective evidence of adherence to use of the PAP device, reviewed by the treating physician.

Q24 Adherence to therapy is defined as use of PAP ≥4 hours per night on 70% of nights during a consecutive thirty (30) day period anytime during the first three (3) months of initial usage.

If the above criteria are not met, continued coverage of a PAP device and related accessories will be **denied as not medically necessary**.

Beneficiaries who fail the initial 12 week trial are eligible to requalify for a PAP device but must have both:

1. Face-to-face clinical re-evaluation by the treating physician to determine the etiology of the failure to respond to PAP therapy; **and**,

2. Repeat sleep test in a facility-based setting (Type 1 study).