WORK PROCESS

DEPARTMENT: Utilization Management	**DOCUMENT NAME:** Protocols for Authorizing Noninvasive Positive Pressure Ventilation (NIPPV)
PAGE: 1 of 2	**REPLACES DOCUMENT:**
APPROVED DATE: 01/2014	**RETIRED:**
EFFECTIVE DATE: 01/2014	**REVIEWED/REVISED:** 11/2014; 9/2015; 8/2016; 9/2017
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** WA.UM.24

SCOPE:
Coordinated Care Medical Management Departments

PURPOSE:

To provide guidelines for authorization of home noninvasive positive pressure ventilation (NIPPV) devices such as CPAP (continuous positive airway pressure), Bi-PAP (bi-level positive airway pressure), and/or DPAP (demand positive airway pressure).

WORK PROCESS:

1. Home NIPPV devices are considered a medically necessary covered benefit when the appropriate InterQual Durable Medical Equipment (DME) criteria are met.
2. Obstructive Sleep Apnea should be diagnosed using clinical evaluation and a positive polysomnogram in a sleep laboratory or home sleep study.
3. For initial requests of CPAPs (i.e., no prior treatment with CPAP) members do not have to tolerate use of CPAP during the sleep study; a positive home sleep study can be used to determine medical necessity for a CPAP.
4. Medical information which supports the medical necessity determination (received either verbally or hard copy from the requesting physician office) must be documented in the Clinical Review section of the DME Service & Procedure authorization in the clinical documentation system.
    a. Tubing, masks, filters, etc. needed to operate equipment are included in this authorization. If purchased, supplemental equipment is considered incidental and does not require a separate authorization.
    b. Oxygen, pulse oximeters or other concurrently used DME items require separate medical necessity review and/or Service & Procedure authorization.
5. After first 3-month trial of NIPPV device, it will be determined if need appears to be long-term.
6. For ongoing medical necessity review of CPAPs InterQual criteria should be used. Updated medical information must be documented in the Clinical Review section of the DME Service & Procedure authorization for the purchase after the 3 month rental. Documentation showing that symptoms of OSA are improved and a download showing compliance as per Interqual guidelines for ongoing use of NIPPV device.

7. If authorization is for a purchase, date span of the authorization should be for **no more than one (1) month**.
8. Bi-PAP and other NIPPV devices will only be covered after failed CPAP course or other specific diagnosis as per the InterQual DME criteria.
    a. *Note Bi-PAP HCPCS codes have variable timeframes for rent to own conversion. Use the HCA Provider Billing Guides to determine rent to own timeframes.

REFERENCES:

2013.2 InterQual - Durable Medical Equipment Criteria - Noninvasive Airway Assistive Devices: General and Senior

ATTACHMENTS:

DEFINITIONS:

REVISION LOG

REVISION	DATE
Updated to follow state guidelines	2/25/14
Added in note about rent to own timeframes	11/10/2014
Per HTA home sleep studies are acceptable for CPAP/BiPAP approval. Amended policy to reflect use of home sleep study.	9/29/2015
Annual review, clarified wording that home sleep studies can be used for medical necessity determinations of NIPPVs.	8/19/2016
Removed sentence indicating InterQual did not include positive sleep study in criteria	9/2017

AUTHORIZATION PROTOCOLS APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

Vice President, Medical Management: Approval on File