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PURPOSE

The purpose of this policy is to describe the health plan's process for the prior authorization decision-making conditions in which Continuous Positive Airway Pressure (CPAP) may be authorized according to the directives from state of Louisiana Medicaid.

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing authorization requests for Continuous Positive Airway Pressure (CPAP).

POLICY

It is the policy of the Plan that specific state directives, in addition to MCG® criteria are used when processing authorization requests for Continuous Positive Airway Pressure (CPAP). Louisiana Medicaid covers the Continuous Positive Airway Pressure device. Louisiana state qualifications, authorization and documentation requirements must be met. This policy defines additional Louisiana state qualifications and authorization and documentation requirements.

PROCEDURE - NA

STANDARD

Coverage of Continuous Positive Airway Pressure (CPAP) requires prior authorization. All Providers (both facility and ordering physicians) must be registered in the state and the health plan's registry. The provider should be a preferred provider for the health plan.

A respiratory cycle is defined as an inspiration, followed by expiration. Polysomnography is the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep with physician review, interpretation, and report. It must include sleep staging, which is defined to include a 1-4 lead electroencephalogram (EEG), and electrooculogram (EOG), and a submental electromyogram (EMG).[1]

Polysomnography must also include at least the following additional parameters of sleep: airflow, respiratory effort, and oxygen saturation by oximetry. It may be performed as either a whole night study for diagnosis only or as a split night study to diagnose and initially evaluate

[1] 2025 Louisiana Medicaid Department of Health Provider Manual Chapter 18 DME p.30

treatment. Apnea is defined as the cessation of airflow for at least 10 seconds documented on a polysomnogram.[2]

Member Criteria and Prior Authorization Requirements

To be eligible to receive a CPA[LA1][MS2][LA3]P machine, members must meet the following criteria.

- **Must have a diagnosis of obstructive sleep apnea (OSA).**
- **Must have PSG (sleep test) or~~and~~[LA4][MS5][LA6] home sleep apnea tests (HSAT) performed as either a full night study for diagnostic purposes only or as a split-night study to diagnose and initiate treatment evaluation.**
- ~~Apnea[LA7][MS8][MS9][LA10] cessation of airflow for at least 10 seconds documented on PSA~~
- ~~Hypopnea respiratory event lasting at least 20 seconds associated with at least a 30% reduction in thoracoabdominal movement or airflow as compared to baseline and with at least a 4% decrease in oxygen saturation.~~
- ~~The apnea-hypopnea index (AHI) is defined as the average number of episodes of apnea and hypopnea per hour and must be based on a minimum of two hours of sleep without the use of a positive airway pressure device, reported by PSG using~~

- ~~actual recorded hours of sleep (i.e., the AHI may not be extrapolated or projected~~
- ~~A~~[LA11][MS12][LA13] ~~HSAT is a simplified, unattended test that can be done in the home setting as an alternative to PSG.~~
- ~~HSAT should be used for patients who have or are suspected of having OSA and do not require more complex monitoring; For patients who have a high likelihood of having moderate to severe OSA; and For patients with uncomplicated medical histories.~~
- **Must meet medical necessity criteria for requested device.**

Prior Authorization Requirements[3]

All services must be prior authorized. For the purpose of this policy, polysomnographic studies must be performed in a facility-based sleep study laboratory and in the home or in a mobile facility. Sleep study labs must be qualified providers of Medicare or Medicaid services and comply with all applicable state regulatory requirements. For the purpose of this policy, polysomnographic studies may not be performed by a DME provider. The health plan covers the least costly alternative based on the member's medical necessity for the device. The CPAP device must be prescribed by the member's attending physician or physician's authorized representative. Supplies and equipment provided in Intermediate Care Facilities for the Developmentally Disable (ICF-IID) and nursing facilities are not covered.

Adult- Single level CPAP device[4]

[2] 2025 Louisiana Medicaid Department of Health Provider Manual Chapter 18 DME p.30
[3] 2025 Louisiana Medicaid Department of Health Provider Manual Chapter 18 DME p. 30
[4] 2025 Louisiana Department of Health Provider Manual Chapter 18 DME p. -30-31

CPAP device is covered if the member has a diagnosis of obstructive sleep apnea (OSA) that has been documented by an attended facility-based polysomnogram (PSG) and meets either of the following criteria:
1. The Apnea–Hypopnea Index (AHI) (average number of apnea episodes and hypopnea per hour, based on a minimum of two hours of sleep without the CPAP.) is greater than or equal to 15 events per hour; or
2. The AHI is from 5 to 14 events per hour with documented symptoms of:
    a. Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia.
    b. Hypertension, ischemic heart disease, or history of stroke.

Pediatric (Under 21 years of age)- single level CPAP device[5]

CPAP device is covered if the member has a diagnosis of obstructive sleep apnea (OSA) that is documented by an attended, facility-based polysomnogram (PSG) and there the following:

1. Documentation of physical exam (including airway) and of any other medical condition, which may be correctable (e.g., tonsillectomy and/or adenoidectomy) prior to the institution of assisted ventilation.
2. Documentation of how sleep disturbance reduces the quality of life and affects the activities of daily living.
3. Prescription by a physician with training and expertise in pediatric respiratory sleep disorders.
4. Documentation of the medical diagnosis, which is known to cause respiratory/sleep disorders.
5. Sleep or respiratory study documenting two or more of the following:
    a. Oxygen saturation of less than 90 percent pulse oximetry or partial pressure of transcutaneous or arterial of less than 60mm. Hg.
    b. Carbon dioxide greater than 55 mm. Hg. Bye end tidal, transcutaneous, arterial, or capillary blood measurement; and
    c. Apnea of 10 to 20 seconds duration on the average of one per hour.
6. A follow up plan should be submitted identifying the responsible physician or facility, giving data collected to demonstrate the success or failure of intervention, and showing a visit within the first month of use and a second assessment within the first three months of use.
7. Indication of a responsible, committed home environment and of caregivers properly trained in appropriate respiratory care; and
8. A written plan for home health follow-up care.

Provider Responsibilities

Rental Equipment:

1. Ensure and maintain documentation on file that the equipment is routinely serviced

[5] 2025 Louisiana Department of Health Provider Manual Chapter 18 DME p. 31

and maintained by qualified provider staff, as recommended by the product manufacturer.

2. Repair, or replace all expendable parts or items, such as masks, hoses, tubing and connectors, and accessory items necessary for the effective and safe operation of the equipment.
3. Substitute like equipment at no additional cost to Medicaid if the equipment becomes broken because of normal use while the original rental equipment is being repaired.
4. Replace equipment that is beyond repair at no additional charge and maintain documentation of the replacement.
5. Maintain documentation that is signed and dated by both the provider and the member or member's responsible caregiver at the time of delivery, which attests to the fact that instruction has been provided by trained and qualified provider staff to the member or caregiver regarding the member's or caregiver's responsibility for cleaning the equipment and performing the general maintenance on the equipment, as recommended by the manufacturer; and
6. Maintain documentation that is signed and dated by both the provider and the member or b member's responsible caregiver, which attests that the member or the caregiver was provided with the manufacturer instructions, servicing manuals, and operating guides needed for the routine service and operation of the specific type or model of equipment provided.

Purchase vs Rental

If the equipment is temporarily needed, it may be more cost effective for the equipment to be rented. Consideration for the length of need for the equipment, total rental cost for the needed time frame and the purchase of the item will be given. Equipment will be purchased, not rented, if the total cost for rental exceeds the purchase price.

APPLICABLE CPT CODES

This policy applies the additional definitions, qualifications, criteria, and documentation requirements to the procedure codes listed below. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS[LA14][MS15][MS16][LA17]	Description
E0601	CONTINUOUS POS AIRWAY PRESSURE DEVC
E0550	HUMIDIFIER, DURABLE FOR EXT
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCL

E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL
E0561	HUMIDIFIER NONHEATED USED W PAP
E0562	HUMIDIFIER HEATED USED WITH PAP
E1399	DME MISCELLANEOUS
A4604	TUBING WITH INTEGRATED HEAT ELEMENT WITH PAP DEVICE
A7034	NASL INTERFCE POS ARWAY PRSS DEVC
A7030	FULL FACE MASK POS AIRWAY PRESS DEVICE EA
A7027	COMB ORAL/NASAL MASK W/ CPAP EA
A7035	HEADGEAR USED WITH POS AIRWAY PRESS DEVICE
A7044	ORAL INTERFACE WITH POS AIRWAY PRESS DEVICE
A7036	CHINSTRAP USE WITH POS AIRWAY PRESS DEVICE
A7032	CUSHION NASAL MASK INTERACE REPLACEMENT ONLY EA
A7028	ORAL CUSHION ORAL/NASAL MASK REPLACEMENT EA
A7029	NASAL PILLOW ORAL/NASAL MASK REPLACEMENT PAIR
A7031	FACE MASK INTERFACE REPLACEMENT FULL MASK EA
A7032	CUSHION NASAL MASK INTERACE REPLACEMENT ONLY EA
A7033	PILLOW NASAL CANNULA TYPE INTERFACE REPLACEMENT
A7036	CHINSTRAP USE WITH POS AIRWAY PRESS DEVICE
A7037	TUBING USED WITH POSS AIRWAY PRESS DEVICE
A7038	FILTER DISPOSIBLE WITH POSS AIRWAY PRESS DEVICE
A7039	FILTER NON DISPOSIBLE POSS AIRWAY PRESS DEVICE
A7046	WATER CHAMB HUMDIFIR USED W/POS ARWAY

The remote monitoring (A9279) and a travel bag (E1399) are not covered services.

DEFINITIONS:

1. **Apnea** - The cessation of airflow for at least 10 seconds documented on a polysomnogram.

2. **Apnea-Hypopnea Index (AHI) -** The average number of episodes of apnea and hypopnea per hour and must be based on a minimum of two hours of sleep without the use of a positive airway pressure device, reported by Polysomnography using actual recorded hours of sleep (i.e., the AHI may not be extrapolated or projected)[6]

3. **Continuous Positive Airway Pressure (CPAP) -** A machine that is used to treat members who have moderate to severe obstructive sleep apnea.[7]

4. **Durable Medical Equipment (DME) -** Durable medical equipment is furnished by a supplier or a home health agency and is equipment that meets the following criteria: 1. Can withstand repeated use; 2. Is used to serve a medical purpose; 3. Generally is not useful to a member in the absence of an illness or injury; and 4. Is appropriate for use in the home.

4.5. **HSAT - A simplified, unattended test that can be done in the home setting as an alternative to PSG. HSAT should be used: For patients who have or are suspected of having OSA, do not require more complex monitoring, have a likelihood of having moderate to severe OSA and for patients with uncomplicated medical histories.**

5.6. **Hypopnea -** An abnormal respiratory event lasting at least 20 seconds associated with at least a 30 percent reduction in thoracoabdominal movement or airflow as compared to baseline, and with at least a 4 percent decrease in oxygen saturation.[8]

6.7. **Polysomnography -** The continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep with physician review, interpretation, and report. It must include sleep staging, which is defined to include a 1-4 lead electroencephalogram (EEG), and electrooculogram (EOG), and a submental electromyogram (EMG). Polysomnography must also include at least the following additional parameters of sleep: airflow, respiratory effort, and oxygen saturation by

[6] 2025 Louisiana Department of Health Provider Manual Chapter 18 DME p. 30
[7] 2025 Louisiana Department of Health Provider Manual Chapter 18 DME p. 30
[8] 2025 Louisiana Medicaid Department of Health Provider Manual Chapter 18 DME p. 30

oximetry. It may be performed as either a whole night study for diagnosis only or as a split night study to diagnose and initially evaluate treatment.[9]

~~7.~~8. **Respiratory Cycle -** An inspiration, followed by expiration, breathing in, and then breathing out.

References/Resources

- 2023 Louisiana Medicaid Managed Care Organization Attachment A Model Contract,
- 2025 Louisiana Medicaid Managed Care Organization (MCO) Manual
- 2025 Louisiana Medicaid Services Manual Chapter 18; Durable Medical Equipment
- Aetna Medicaid Administrator (AMA) 7100.05 Prior Authorization Policy – Louisiana Amendment

[9] 2025 Louisiana Medicaid Department of Health Provider Manual Chapter 18 DME p. 29