

<u>Document ID:</u>	<u>Title: Aetna Medicaid Administrators (AMA) Louisiana XXXX.XX Continuous Positive Airway Pressure (CPAP) Policy</u>	
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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 Louisiana 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 CPAP. Louisiana Medicaid covers the CPAP device. Louisiana state qualifications, authorization and documentation requirements must be met. This policy defines additional Louisiana state qualifications and authorization and documentation requirements.

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.

Member Criteria and Prior Authorization Requirements

To be eligible to receive a CPAP machine, members must meet the following criteria.

- **Must have a diagnosis of obstructive sleep apnea (OSA)**
- **Must have a Polysomnogram (PSG) sleep test performed in a facility-based sleep study laboratory**
- **Must meet medical necessity criteria for requested device**

Prior Authorization Requirements

All services must be prior authorized.¹ For the purpose of this policy, polysomnographic studies must be performed in a facility-based sleep study laboratory and not in the home or in a mobile facility. These labs must be qualified providers of Medicare or Medicaid

¹ **Louisiana Department of Health Provider Manual Chapter 18 DME p. 10**

services and comply with all applicable state regulatory requirements.² For the purpose of this policy, polysomnographic studies may not be performed by a DME provider.³ The health plan covers the least costly alternative based on the member's medical necessity for the device.⁴ The CPAP device must be prescribed by the member's attending physician or physician's authorized representative.⁵ Supplies and equipment provided in Intermediate Care Facilities for the Developmentally Disable (ICF-IID) and nursing facilities are not covered.⁶

Adult- Single level CPAP device⁷

CPAP device is covered if the member has a diagnosis of OSA that has been documented by an attended facility-based polysomnogram and meets either of the following criteria:

1. The AHI 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 device⁸

CPAP device is covered if the member has a diagnosis of OSA that is documented by an attended, facility-based polysomnogram 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 mmHg., 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

² Louisiana Department of Health Provider Manual Chapter 18 DME p. 30

³ Louisiana Department of Health Provider Manual Chapter 18 DME p. 30

⁴ Louisiana Department of Health Provider Manual Chapter 18 DME p. 10

⁵ Louisiana Department of Health Provider Manual Chapter 18 DME p. 10

⁶ Louisiana Department of Health Provider Manual Chapter 18 DME p. 11

⁷ Louisiana Department of Health Provider Manual Chapter 18 DME p. 29-30

⁸ Louisiana Department of Health Provider Manual Chapter 18 DME p. 30

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 Responsibilities⁹

Rental Equipment:

1. Ensure and maintain documentation on file that the equipment is routinely serviced 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.¹⁰

APPLICABLE CPT CODES

⁹ Louisiana Department of Health Provider Manual Chapter 18 DME p. 17

¹⁰ Louisiana Department of Health Provider Manual Chapter 18 DME p. 15

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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.

<u>HCPCS</u>	<u>Description</u>
<u>E0601</u>	<u>CONTINUOUS POS AIRWAY PRESSURE DEVC</u>
<u>E0550</u>	<u>HUMIDIFIER, DURABLE FOR EXT</u>
<u>E0555</u>	<u>HUMIDIFIER, DURABLE, GLASS OR AUTOCL</u>
<u>E0560</u>	<u>HUMIDIFIER, DURABLE FOR SUPPLEMENTAL</u>
<u>E0561</u>	<u>HUMIDIFIER NONHEATED USED W PAP</u>
<u>E0562</u>	<u>HUMIDIFIER HEATED USED WITH PAP</u>
<u>A7034</u>	<u>NASL INTERFCE POS ARWAY PRSS DEVC</u>
<u>A7030</u>	<u>FULL FACE MASK POS AIRWAY PRESS DEVICE EA</u>
<u>A7027</u>	<u>COMB ORAL/NASAL MASK W/ CPAP EA</u>
<u>A7035</u>	<u>HEADGEAR USED WITH POS AIRWAY PRESS DEVICE</u>
<u>A7044</u>	<u>ORAL INTERFACE WITH POS AIRWAY PRESS DEVICE</u>
<u>A7036</u>	<u>CHINSTRAP USE WITH POS AIRWAY PRESS DEVICE</u>
<u>A7032</u>	<u>CUSHION NASAL MASK INTERACE REPLACEMENT ONLY EA</u>
<u>A7028</u>	<u>ORAL CUSHION ORAL/NASAL MASK REPLACEMENT EA</u>
<u>A7029</u>	<u>NASAL PILLOW ORAL/NASAL MASK REPLACEMENT PAIR</u>
<u>A7031</u>	<u>FACE MASK INTERFACE REPLACEMENT FULL MASK EA</u>
<u>A7033</u>	<u>PILLOW NASAL CANNULA TYPE INTERFACE REPLACEMENT</u>
<u>A7046</u>	<u>WATER CHAMBER HUMIDIFIER USED WITH POSS AIRWAY</u>
<u>A7037</u>	<u>TUBING USED WITH POSS AIRWAY PRESS DEVICE</u>
<u>A7044</u>	<u>ORAL INTERFACE WITH POS AIRWAY PRESS DEVICE</u>
<u>A7036</u>	<u>CHINSTRAP USE WITH POS AIRWAY PRESS DEVICE</u>
<u>A7032</u>	<u>CUSHION NASAL MASK INTERACE REPLACEMENT ONLY EA</u>
<u>A7028</u>	<u>ORAL CUSHION ORAL/NASAL MASK REPLACEMENT EA</u>
<u>A7029</u>	<u>NASAL PILLOW ORAL/NASAL MASK REPLACEMENT PAIR</u>
<u>A7031</u>	<u>FACE MASK INTERFACE REPLACEMENT FULL MASK EA</u>

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<u>A7033</u>	<u>PILLOW NASAL CANNULA TYPE INTERFACE REPLACEMENT</u>	
<u>A7046</u>	<u>WATER CHAMBER HUMIDIFIER USED WITH POSS AIRWAY</u>	
<u>A7037</u>	<u>TUBING USED WITH POSS AIRWAY PRESS DEVICE</u>	
<u>A4604</u>	<u>TUBING WITH INTEGRATED HEAT ELEMENT WITH PAP DEVICE</u>	
<u>A7038</u>	<u>FILTER DISPOSIBLE WITH POSS AIRWAY PRESS DEVICE</u>	
<u>A7039</u>	<u>FILTER NON DISPOSIBLE POSS AIRWAY PRESS DEVICE</u>	
<u>E1399</u>	<u>DME MISCELLANEOUS</u>	

DEFINITIONS:

<u>Apnea</u>	<u>The cessation of airflow for at least 10 seconds documented on a polysomnogram</u>
<u>Apnea-Hypopnea Index (AHI)</u>	<u>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)¹¹</u>
<u>Continuous Positive Airway Pressure (CPAP)</u>	<u>A machine that is used to treat members who have moderate to severe obstructive sleep apnea.¹²</u>
<u>Durable Medical Equipment (DME)</u>	<u>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.¹³</u>
<u>Hypopnea</u>	<u>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.¹⁴</u>
<u>Polysomnography</u>	<u>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</u>

¹¹ Louisiana Department of Health Provider Manual Chapter 18 DME p. 29

¹² Louisiana Department of Health Provider Manual Chapter 18 DME p. 29

¹³ Louisiana Department of Health Provider Manual Chapter 18 DME p. 29

¹⁴ Louisiana Department of Health Provider Manual Chapter 18 DME p. 29

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	<u>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 treatment.¹⁵</u>

Aetna Better Health of Louisiana

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References/Resources

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

¹⁵ Louisiana Department of Health Provider Manual Chapter 18 DME p. 29