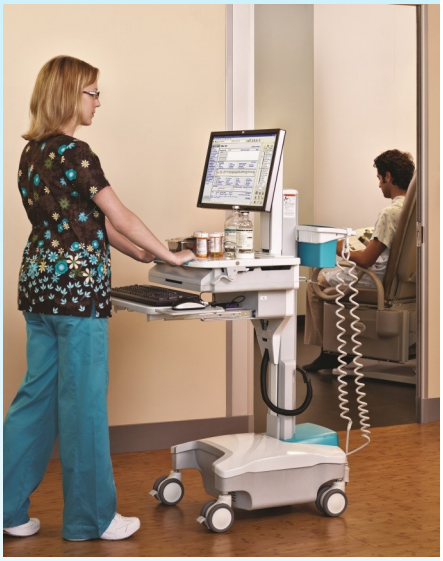
IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201630 JUNE 14, 2016

IHCP revises the prior authorization criteria for respiratory assist devices

The Indiana Health Coverage Programs (IHCP) covers respiratory assist devices (RADs) for members with hypoventilation syndrome. Effective August 1, 2016, the prior authorization (PA) criteria for coverage of RADs when billed with the following Healthcare Common Procedure Coding System (HCPCS) codes are revised to include blood-gas and end-tidal CO_2 testing:



- E0470 – *Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask*
- E0471 – *Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask*

PA continues to be required for HCPCS code E0470, and the PA criteria are revised as follows:

- An initial arterial blood-gas $PaCO_2$, measured while awake and breathing, indicates the member's prescribed FIO_2 is greater than or equal to 45 mm Hg, ***or*** an asleep blood-gas or end-tidal CO_2 test measures $PaCO_2$ greater than 50 mm Hg
- Spirometry shows an FEV1/FVC of greater than or equal to 70% and an FEV1 of greater than or equal to 50% of predicted, with one of the following:
  - An initial arterial blood-gas $PaCO_2$, measured during sleep or immediately upon awakening and breathing, indicating the member's usual FIO_2 worsened greater than or equal to 7 mm Hg, compared to the results of the initial $PaCO_2$ done while awake and breathing
  - A facility-based sleep study or polysomnogram (PSG) demonstrating oxygen saturation of less than or equal to 88% for greater than or equal to five minutes of nocturnal recording time, or an end-tidal CO_2 test indicates $PaCO_2$ above 50 mm Hg for greater than 25% of nocturnal sleep time that is not caused by obstructive upper-airway events

Note: For members under the age of 19, appropriate noninvasive testing (such as capillary blood-gas and end-tidal CO_2 tests) may be substituted for an arterial blood-gas $PaCO_2$ test.

If the preceding criteria are not met, HCPCS code E0470 and related accessories will be denied as not medically necessary, unless physician documentation justifying therapy is provided for review and is approved.

PA continues to be required for HCPCS code E0471, and the PA criteria are revised as follows:

- A device as defined by HCPCS code E0470 is being used
- Spirometry shows an FEV1/FVC of greater than or equal to 70% and an FEV1 of greater than or equal to 50% of predicted, with one of the following:
  - An arterial blood-gas $PaCO_2$, measured while awake and breathing, indicating the member's usual FIO_2 worsened greater than or equal to 7 mm Hg, compared to the $PaCO_2$ result qualifying the member for the E0470 device
  - A facility-based sleep study or PSG demonstrating oxygen saturation of less than or equal to 88% for greater than or equal to five minutes of nocturnal recording time, or end-tidal CO_2 test indicates $PaCO_2$ above 50 mm Hg for greater than 25% of nocturnal sleep time that is not caused by obstructive upper-airway events while using an E0470 device
  - A facility-based sleep study or PSG demonstrating treatment-emergent central sleep apnea during a positive airway pressure (PAP) titration, or end-tidal CO_2 test measures $PaCO_2$ greater than 50 mm Hg, despite correction of obstructive events while using an E0470 device

If the preceding criteria are not met, HCPCS code E0471 and related accessories will be denied as not medically necessary, unless physician documentation justifying therapy is provided for review and is approved.

These PA changes apply to dates of service (DOS) on or after August 1, 2016, for services delivered under the fee-for-service (FFS) delivery system. Questions regarding FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720. Individual managed care entities (MCEs) establish and publish PA criteria within the managed care delivery system. Questions about managed care PA should be directed to the MCE with which the member is enrolled.

Changes will be reflected in future updates to the *Medical Policy Manual* and the *Durable and Home Medical Equipment and Supplies* provider reference module at indianamedicaid.com.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

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