Effective October 20, 2017

Bi-Level Positive Airway Pressure Devices (Bi-Pap)

This notice is to inform providers that prior authorization is no longer required for bi-level positive airway pressure devices. Therefore, HCPCS code E0470, bi-level respiratory assist device without back-up rate and E0471, bi-level positive airway pressure device with back-up rate, no longer require prior authorization.

Providers are reminded of the following Medicare LCD L33718 medically necessary criteria that must be met in order for Medicaid reimbursement to include:

E0470- Obstructive Sleep Apnea:
A. The Member must have a face-to-face clinical evaluation by the treating practitioner prior to the sleep test to assess the member for obstructive sleep apnea.

B. The Member must have a sleep test (as defined below) that meets either of the following criteria (1 or 2):
   1. 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,
   2. 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,
      b. Hypertension, ischemic heart disease, or history of stroke.

C. The Member and/or their caregiver has received instruction from the supplier of the device in the proper use and care of the equipment.

D. A single-level continuous positive airway pressure device (E0601) has been tried and proven ineffective based on a therapeutic trial conducted in either a facility or in a home setting.

E0470 & 0471 Respiratory Assist Devices (RAD):
For an E0470 or an E0471 RAD to be covered, the treating physician must fully document in the member's medical record symptoms characteristic of sleep-associated hypoventilation, such as daytime hypersomnolence, excessive fatigue, morning headache, cognitive dysfunction, dyspnea, etc.

A RAD (E0470, E0471) is covered for those beneficiaries with one of the following clinical disorders:

- Restrictive thoracic disorders (i.e., neuromuscular diseases or severe thoracic cage abnormalities)
- severe chronic obstructive pulmonary disease (COPD)
• CSA or CompSA
• hypoventilation syndrome

The criteria for an E0470 or E0471 RAD can be found in LCD 33800 at the following Noridian website: https://med.noridianmedicare.com/documents/2230703/7218263/Respiratory+Assist+Devices+LCD+and+PA/25c966f2-e3e6-4d6d-8d74-d1a3491d257f.

Contact Information
If you have any questions, please contact:
Aleasha Horn, DME Program Officer, email ahorn@mt.gov or telephone (406) 444-4518.

For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at www.medicaidprovider.mt.gov.