



## MO HealthNet PA Criteria Proposal V 1.4

Medical Procedure Class:	<b>DME RESPIRATORY ASSIST DEVICE (RAD) WITHOUT BACK-UP RATE- E0470 (RR)</b>
Implementation Date:	<b>5/1/08</b>
Prepared for:	<b>MO HealthNet</b>
Prepared by:	<b>ACS-Heritage Information Systems, Inc.</b>

**New Criteria**

**Revision of Existing Criteria**

### Executive Summary

<b>Purpose:</b>	To allow a more consistent and streamlined process for authorization of RAD without back-up rate.	
<b>Why was this Issue Selected:</b>	Senate Bill 577 passed by the 94 <sup>th</sup> General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
<b>Procedures subject to Pre-Certification</b>	E0470: Respiratory assist device, bi-level pressure capability without backup rate feature, used with noninvasive interface, e.g. nasal mask or facial mask	
<b>Setting &amp; Population:</b>	All MO HealthNet fee-for-service participants	
<b>Data Sources:</b>	<input checked="" type="checkbox"/> <b>Medicare LCD</b>	<input checked="" type="checkbox"/> <b>MHN Consultants</b>

### Setting & Population

- Procedure Group for review: E0470 (RR)
- Age range: All MO HealthNet fee-for-service participants

## Approval Criteria

### ➤ **Restrictive Thoracic Disorder**

- Patient has restrictive thoracic disorder related to progressive neuromuscular disease or thoracic cage abnormality; and
- Arterial blood gas PaCO<sub>2</sub>, done while awake and breathing the patient's usual FIO<sub>2</sub> is greater than or equal to 45 mm Hg; or
- Sleep oximetry demonstrates the patients lowest saturation for five continuous minutes is less than or equal to 88% while breathing the pt usual FIO<sub>2</sub>; or
  - Patient has progressive neuromuscular disease and maximal inspiratory pressure is less than 60 cm H<sub>2</sub>O or forced vital capacity is less than 50% predicted; and
- Chronic obstructive pulmonary disease does not contribute significantly to the patient's pulmonary limitation.

### ➤ **Severe COPD**

- An arterial blood gas PaCO<sub>2</sub>, done while awake and breathing the patient's usual FIO<sub>2</sub>, is greater than or equal to 52 mm Hg; and
- Sleep oximetry, done while breathing the pt usual FIO<sub>2</sub>, demonstrates oxygen saturation less than or equal to 88% for at least five continuous minutes; or
  - Sleep oximetry demonstrates the pt's lowest saturation for five continuous minutes is less than or equal to 88% while breathing oxygen at 2LPM; and
- Prior to initiating therapy, OSA and treatment with a single level device (Continuous Positive Airway Pressure Device) has been ruled out.

### ➤ **Central Sleep Apnea or Complex Sleep Apnea**

A complete facility-based, technologist attended PSG must be performed documenting the following:

- The diagnosis of central sleep apnea (CSA) or complex sleep apnea (CompSA) and;

- The ruling out of a single level device (Continuous Positive Airway Pressure Device) as effective therapy if either CSA or OSA is a component of the initially observed sleep-associated hypoventilation; and
- Significant improvement of the sleep-associated hypoventilation with the use of a RAD without back-up rate on the settings that will be prescribed for initial use at home, while breathing the patient's usual FI02.

➤ **Obstructive Sleep Apnea (OSA)**

A complete facility-based, technologist attended PSG must be performed documenting the following:

- Apnea-hypopnea index (AHI) events equal to 15 or more per hour ; or
  - Apnea-hypopnea index (AHI) events of 5-14 per hour with documented symptoms of excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, hypertension, ischemic heart disease, or stroke; and
- A single level device (Continuous Positive Airway Pressure Device) has been tried and proven medically ineffective.

**Approval Diagnosis Codes:**

<b>Condition</b>	<b>ICD-9 Codes</b>	<b>Date Range</b>
Obstructive chronic bronchitis	491.20 – 491.22	36 months
Chronic obstructive asthma	493.20 – 493.22	36 months
Chronic Airway Obstruction NEC	496	36 months
Obstructive Sleep Apnea	327.23	36 months
Central Sleep Apnea	327.21	36 months
Restrictive Thoracic Disorder related to progressive neuromuscular disorder	N/A	N/A
Restrictive Thoracic Disorder Related To Thoracic Cage Abnormalities	N/A	N/A

## Denial Criteria

- History is not free of purchase of E0470 for past 5 years.
- Patient does not have diagnosis of restrictive thoracic disorder related to progressive neuromuscular disease or thoracic cage abnormality; severe obstructive pulmonary disease; central sleep apnea or complex sleep apnea; or obstructive sleep apnea.
- The criteria for restrictive thoracic disorder; severe chronic obstructive pulmonary disease; central sleep apnea or complex sleep apnea; or obstructive sleep apnea are not met.

## Approval Period

**E0470 (RR):** 3 month rental