

MO HealthNet PA Criteria

Medical Procedure Class:	DME RESPIRATORY ASSIST DEVICE (RAD) WITHOUT BACK-UP RATE- E0470 (RR)
Implementation Date:	05/01/2008
Prepared for:	MO HealthNet
Prepared by:	Conduent Business Services, LLC

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of RAD without back-up rate.	
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th 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.	
Procedures subject to Pre-Certification	E0470: Respiratory assist device, bi-level pressure capability without backup rate feature, used with noninvasive interface, e.g. nasal mask or facial mask	
Setting & Population:	All MO HealthNet fee-for-service participants	
Data Sources:	<input checked="" type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> MHN Consultants

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 PaCO₂, done while awake and breathing the patient's usual FIO₂ 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 FIO₂; or
 - Patient has progressive neuromuscular disease and maximal inspiratory pressure is less than 60 cm H₂O 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 PaCO₂, done while awake and breathing the patient's usual FIO₂, is greater than or equal to 52 mm Hg; and
- Sleep oximetry, done while breathing the pt usual FIO₂, 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:

Condition	ICD-9 Codes	ICD-10 Codes	Date Range
Obstructive chronic bronchitis	491.20 – 491.22	J44.0, J44.1, J44.9	36 months
Chronic obstructive asthma	493.20 – 493.22	J44.0, J44.1, J44.9	36 months
Chronic Airway Obstruction NEC	496	J44.9	36 months
Obstructive Sleep Apnea	327.23	G47.33	36 months
Central Sleep Apnea	327.21	G47.31	36 months
Restrictive Thoracic Disorder related to progressive neuromuscular disorder	N/A	N/A	N/A
Restrictive Thoracic Disorder Related To Thoracic Cage Abnormalities	N/A	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

Appendix A: Approval Diagnoses

Chronic Obstructive Pulmonary Disorders

ICD-9 Diagnosis	Title	ICD-10 Diagnosis	Title
491.20	Obstructive chronic bronchitis without exacerbation	J44.9	Chronic obstructive pulmonary disease, unspecified
491.21	Obstructive chronic bronchitis with (acute) exacerbation	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
491.22	Obstructive chronic bronchitis with acute bronchitis	J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection
493.20	Chronic obstructive asthma, unspecified		
493.21	Chronic obstructive asthma with status asthmaticus		
493.22	Chronic obstructive asthma with (acute) exacerbation		

496 Chronic airway
obstruction, not
elsewhere classified

Sleep Apnea

ICD-9 Diagnosis	Title	ICD-10 Diagnosis	Title
327.21	Primary central sleep apnea	G47.31	Primary central sleep apnea
327.23	Obstructive sleep apnea	G47.33	Obstructive sleep apnea