BIPAP/CPAP Machine Criteria

CPAP (Continuous Positive Airway Pressure) applies positive airway pressure through the nose by means of a mask in order to keep the upper airway open.

BIPAP (Bilevel Positive Airway Pressure) provides two levels of positive pressure which augments the recipient’s ventilation, and responds to changes in the recipient’s breathing. It is normally instituted after an adequate trial of CPAP has been proven ineffective and BIPAP has been shown to be more effective in the sleep lab.

THC considers requests for BIPAP devices when submitted medical documentation meets the Plan’s Medical Necessity criteria, and on a case-by-case basis. THC utilizes criteria derived from evidenced based medicine and nationally accepted Standards of Care. Additional factors taken into consideration during the clinical review process include (not all inclusive):

1. Age
2. Pertinent past and current medical history
3. Diagnosis of sleep apnea or severe sleep disorder
4. Individual need
5. Local delivery system
6. Psychosocial factors/home environment (safety)

**Decision Criteria**

**Administrative**
1. Referral from PCP or treating specialist along with supporting medical documentation of obstructive sleep apnea or severe sleep disorder
2. Prior authorization by the Plan’s Medical Director
3. Must have current eligibility and DME coverage benefit
4. Documentation must be less than 90 days old and include:
   a. Diagnosis related to the need for BIPAP
   b. BIPAP settings and number of hours per day used.
   c. Other medical conditions ruling out the appropriate use of a CPAP if present (e.g. cardiomegaly, left ventricular hypertrophy, primary pulmonary hypertension, etc).
   d. For diagnosis of OSA, results of a sleep study (polysomnogram) including CPAP/BIPAP titration.
   e. For diagnosis of respiratory failure, test results substantiating the condition (e.g. ABG, VBG or capillary blood gas) as well as test results showing improvement on BIPAP. Negative inspiratory force measurement if appropriate.
Clinical

A BIPAP device without the backup rate feature may be covered for the following conditions for up to four (4) months:

1. For Obstructive Sleep Apnea (OSA), if the sleep study (polysomnogram) performed in an accredited Sleep Center or Sleep Laboratory documents the following:
   a. Continuous airway pressure of 13-15 cm water does not adequately control/eliminate obstructive/hypopneic events based on titration chart (included in titration report) to prove the CPAP tried between 13-15 cm of water failed.¹
   The BIPAP titration will be on the same chart that proves BIPAP works.

OR

2. The member cannot tolerate CPAP pressures of greater than or equal to 12 cm water, in addition to evidence that the sleep lab has worked with the member to try different application devices, ramp times, relaxation techniques, etc. The titration report should state that number two (2) above was followed to include both the titration chart and titration report. Titration report must state which types of masks were tried and failed etc. Documentation must be present in titration report that BIPAP worked (i.e. CPAP titration and BIPAP titration are on same chart).

A BIPAP device with the backup rate feature may be covered if the member requires the backup feature due to insufficient spontaneous respiratory efforts (e.g. inadequate negative respiratory force due to central apnea, neuromuscular diseases such as muscular dystrophy, etc).²

¹ MDCH Medicaid Provider Manual – Medical Supplier April 1, 2012
² MDCH Medicaid Provider Manual – Medical Supplier April 1, 2012