TO: **Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Medical Equipment, Devices and Supplies (MEDS) Providers**

RE: **Changes to the Prior Authorization (PA) Process for Continuous Positive Airway Pressure (CPAP) and Bi-level Positive Airway Pressure (BIPAP) devices**

The purpose of this policy transmittal is to provide enrolled Connecticut Medical Assistance Program (CMAP) medical (physicians, APRNs and PAs) and MEDS providers with changes regarding the guidelines used for the prior authorization (PA) of CPAP and BIPAP devices.

Effective March 1, 2017, the existing medical policy currently in use by the Medicaid program's medical administrative services organization (ASO), currently Community Health Network of Connecticut, Inc. (CHNCT), to review PA requests for CPAP and BIPAP devices will be retired. McKesson's InterQual® Criteria will be used in conjunction with the definition of Medical Necessity in Section 17b-259b of the Connecticut General Statutes. The criteria provide evidence-based clinical decision support and include the following changes.

<u>**Initial Rental**</u>

- Clinical documentation for initial rental must include both a face-to-face clinical evaluation by the physician, physician assistant or advanced practice registered nurses prior to the sleep study and results of either a facility-based polysomnogram or approved home sleep test;
- An Apnea-Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) of more than 15 events per hour with a minimum of 30 events; **<u>OR</u>**
- An AHI or RDI of greater than 5 events and less than 14 events per hour with a minimum of 10 events with a co-morbid condition (hypertension, history of stroke, ischemic heart disease, excessive daytime sleepiness, impaired cognition, mood disorder or insomnia).

<u>**Rental Converted to Purchase**</u>

Clinical documentation must include both a face-to-face clinical re-evaluation by the physician, physician assistant or advanced practice registered nurse after the start of therapy and most recent 30 day compliance report. Compliance is defined as greater than 4 hours of use on at least 22 out of 30 consecutive nights.

<u>**Additional Rental after a Failed Trial**</u>

Clinical documentation must include all of the following:

- A face-to-face clinical re-evaluation by the physician;
- Documentation from the physician describing the contributing factors of the failed trial; and
- Results of a repeat sleep study performed in a facility-based setting.

NOTE: **<u>The criteria are guidelines only</u>**. Should the criteria ever conflict with the definition of Medical Necessity in Section 17b-259b of the Connecticut General Statutes, the definition of Medical Necessity shall prevail.

<u>**Prior Authorization (PA) Submission Process**</u>

There are no changes to the PA submission process. Providers will continue to submit requests using the Outpatient PA Request form available on the HUSKY Health Web site at www.ct.gov/husky. To access the form, click

"For Providers", followed by "Provider Bulletins and Forms".

In addition to the PA request form, providers must submit clinical information supporting the medical necessity of the device. PA requests lacking sufficient clinical information to support the decision-making process will be pended until all the requested information is received by CHNCT. PA requests that pend for 20 business days without receipt of all requested documentation are subject to denial.

For questions regarding the PA process, please contact CHNCT at 1-800-440-5071, between the hours of 8:00 a.m. to 6:00 p.m.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Hewlett Packard Enterprise.

Responsible Unit: DSS, Division of Health Services, Medical Policy and Regulations, Ginny Mahoney, Policy Consultant (860) 424-5145.

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