WISCONSIN MEDICAID UPDATE

FEBRUARY 1, 1995

UPDATE 95-3

TO:
DME Vendors
Home Health Agencies
Pharmacies
Dispensing Physicians
Nursing Homes

Respiratory Care Equipment - Changes to Policy and Prior Authorization - Effective April 1, 1995

Policy and Prior Authorization Changes Are A Result of Budget Mandate
The 1993-95 budget directed Wisconsin Medicaid to manage respiratory care equipment expenses more effectively. The result is changes to prior authorization guidelines and policy.

Changes to Apnea Monitor Policy
Apnea monitors require prior authorization for rental beyond 90 days. The alarm, cables, electrodes, and lead wires are included in the apnea monitor rental. These supplies are not separately reimbursed.

Changes to Prior Authorization Guidelines
Prior authorization guideline changes are attached.

Issued by Bureau of Health Care Financing, Wisconsin Division of Health
If you have any questions, call EDS - Medicaid Fiscal Agent at (800) 947-9627 or (608) 221-9883

Keep This Until You Get Your Next Handbook Pages

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Revised Prior Authorization Guidelines

Key Elements

Documentation and clinical requirements for respiratory equipment have been updated. This is a summary of key elements and is not all inclusive. A brief description of the equipment precedes the guidelines. The complete guidelines are available upon written request to the DME Analyst. Specify the code or particular equipment for which you are requesting guidelines.

Analyzer, Oxygen
Description: A device used to determine oxygen levels delivered in respirators, incubators and other medical equipment.

Key Elements:

1. The diagnosis and clinical circumstances, such as use in conjunction with a tracheostomy, a compressor, and a ventilator, must be described.

2. Analyzers are most often used for pediatric (under age 18) patients.

Therapeutic Ventilator, (BiPap-ST)
Description: A non-continuous mechanical ventilation system used for 12 hours or less per day.

Key elements:

1. Documentation from the provider must include: ventilator settings, weaning attempts or reasons why weaning is not an option, and number of hours per day that mechanical ventilation is required.

2. The need for mechanical ventilation does not exceed 12 hours per day.

CO_2 Respiration Monitor
Description: A device that measures end tidal CO_2 and is used to monitor CO_2 trends.

Key elements:

1. There must be a documented medical need to monitor the inspirations/ expirations of the recipient.

2. Documentation from the provider must include recorded CO_2 values dated within 30 days of the date the request is received.

Oxygen Concentrator
Description: A device which extracts oxygen from room air and concentrates it for medicinal use.

Key elements:

1. A physician prescription, dated within 30 days of the date the request is received, must include:

   a. diagnosis and degree of impairment;
   b. oxygen flow rate and hours per day of use; and
   c. an estimate of the duration of need.

2. The requested information must include the liter flow and number of hours per day the recipient is using the oxygen supplement. If the recipient is a nursing home resident, the request must include a record of the actual daily usage of the concentrator for at least the first 15 days of the initial 30 days of rental.

3. Providers may use the Form HCFA-484 for documentation as long as it includes the required information.

4. The request must include laboratory reports of ABG or pulse oximetry values dated within 60 days of the date the request is received. Values must be consistent with the values currently required by Medicare. For children (under age 18) pulse oximetry is required, not ABGs. The provider of oxygen services may not perform the laboratory studies.

C-Pap, BiPap
Description: Non-invasive positive airway pressure device which by forcing air under pressure into the pharynx and bronchial tubes, prevents structures in the throat from blocking air movement in and out of the lungs during sleep. C-Pap - continuous. BiPap - one level for inspiration, another for expiration.

Key elements:

1. Documentation of a trial of C-Pap or an explanation by the physician of why C-Pap would not be appropriate for the recipient must accompany requests for Bi-Pap. If the recipient is unable to tolerate C-Pap, Bi-Pap may be authorized.

2 C-Pap and Bi-Pap may be authorized for a diagnosis of obstructive sleep apnea.

3. A copy of the recipient's sleep lab evaluation is required.

Humidifier
Description: A device used to increase moisture in the air and which may be attached to ventilation/oxygen equipment.

Key elements:

1. Humidifiers are reimbursable only for supplemental humidification during IPPB treatments, oxygen delivery, or as part of a ventilation/oxygen system.

IPPB

Description: A device used for intermittent positive pressure breathing.

Key elements:

1. IPPB is medically appropriate for the following indications:
   a. patients at risk of respiratory failure because of decreased respiratory function secondary to kyphoscoliosis or neuromuscular disorders;
   b. patients with severe bronchospasm or exacerbated chronic obstructive pulmonary disease who fail to respond to standard therapy; and
   c. management of atelectasis that has not improved with simple therapy.

Nebulizer, Compressor

Description: A nebulizer is used to convert liquid to a fine spray. The compressor distributes the mist.

Key elements:

1. The compressor is covered when prescribed for use with oxygen and/or IPPB treatments.

2. The nebulizer is covered when the recipient requires aerosol medication therapy due to a respiratory condition. The type and dose of medication must be specified.

Oxygen Delivery System, Liquid, Gaseous

Description: Devices used for delivery of a prescribed amount of inspired oxygen.

1. A physician prescription, dated within 30 days of the first date of service being requested, must include:
   a. diagnosis and degree of impairment;
   b. oxygen flow rate and hours per day of use; and
   c. an estimate of the duration of need

2. The request must include laboratory reports of ABG or pulse oximetry values dated within 60 days of the date request is received. Values must be consistent with the values currently required by Medicare. For children (under age 18) pulse oximetry is required - not ABGs. The provider of oxygen services may not perform the laboratory studies.

3. The provider may use form HCFA-484 for documentation as long as it includes the required information.

Oxygen Conserver
Description: A device that allows the flow of oxygen only during inspiration resulting in reduced oxygen use.

Key elements:

1. A physician prescription dated within 30 days of the first date of service being requested must include:
   a. diagnosis and degree of impairment;
   b. oxygen flow rate and hours per day of use; and
   c. an estimate of the duration of need.

2. The request must include a laboratory report with ABG or pulse oximetry values dated within 60 days of the date request is received. Values must be consistent with the values currently required by Medicare. For children (under age 18) pulse oximetry would be required - not ABGs. The provider of oxygen services may not perform the laboratory studies.

3. This equipment is most appropriate for persons who have a need for portable oxygen for extended periods of time.

4 The provider may use form HCFA-484 documentation as long as it includes the required information.

Percussor
Description: A device used to perform chest physical therapy with the purpose of assisting in removing excess secretions from the bronchial tubes.

Key elements:

1. The recipient must require, as a daily activity, cupping therapy of the chest in order to facilitate the removal of lung secretions.

2. The recipient does not have a primary caregiver or routine home health care services.

3. The recipient can self administer the equipment.

Pulse Oximeter
Description: A device which measures the oxygen saturation of the blood.

Key elements:

1. Oxygen saturation levels must be included with the request.

2. Pulse oximeters are usually used for pediatric (under age 18) patients. For pediatric recipients, the documented oxygen saturation must be 92% or below

within 30 days of the request, and actions or treatment provided when levels are low must be specified.

3. For adult recipients, levels must be at or below 88% and for low levels treatment must be documented.

Respirometer
Description: A device that measures the volume of each breath.

Key elements:

1. Respirometers are authorized only in conjunction with a ventilator.

2. Respirometers are most often used for pediatric patients (under age 18).

Resuscitator
Description: A device that forces oxygen into the lungs to produce artificial respiration.

Key elements:

1. A second unit may be approved, but documentation must clearly show the medical necessity for this unit.

Suction Pump
Description: A device used to remove excess oropharyngeal, upper respiratory, tracheal or other secretions by suction.

Key elements:

1. Suction pumps are covered for recipients who have difficulty raising and clearing secretions.

2. Portable suction pumps are covered for recipients who may need suctioning while away from home.

Oxygen Tents
Description: A protective canopy used for inhalation therapy.

Key elements:

1. The documentation must include a physician prescription dated within 30 days of the date the initial request is received. The prescription or attached certification of medical necessity must specify:
   a. diagnosis and degree of impairment;
   b. oxygen liter flow rate and hours per day of use; and
   c. an estimate of the duration of need.

2. Laboratory reports of ABG or pulse oximetry values must be included with the request. Values must be consistent with the values currently required by Medicare. For children (under age 18) pulse oximetry would be required - not ABGs. The date of the laboratory test may be no more than 60 days from the date the request is received. The provider of the oxygen services may not perform the laboratory studies.

3. Providers may use form HCFA-484 for documentation as long as it includes the required information.

Respiratory Tests (oximetry tests, oximetry trending sleep studies, pneumogram/ pediscan tests, oxicardio/respirograms)
Description: Measurements of respiratory functioning used to determine appropriate therapy.

Key elements:

1. Medical documentation must include the purpose of the test and documentation of how the results will be used in treatment of the recipient.

ThAIRapy Bronchial Drainage System
Description: A self-administered chest physical therapy system. A mechanical device that promotes airway clearance by High Frequency Chest Compression (HFCC).

Key elements:

1. The recipient must require, as a daily activity, percussion of the chest in order to facilitate the removal of lung secretions.

2. The request indicates that use of a ThAIRapy vest will allow the recipient more independence in performing his/her own percussing. Routine home health care will no longer be needed or be greatly reduced for percussing.

3. The one-time charge for purchase of the vest covers all replacements per the manufacturer.

Vaporizer
Description: A device that converts medicated liquids to vapors for inhalation.

Key elements:

1. Vaporizers are authorized for home use only in conjunction with an oxygen delivery system.

2. The recipient has an established need for humidification due to respiratory problems.

3. The request indicates that the vaporizer is necessary to loosen secretions which may be thick and recipient is unable to expectorate.

Volume Ventilator

Description: A device that delivers a preset volume and frequency of respiratory gases, as determined by the physician, with each inspiration. Used for continuous mechanical ventilation.

1. Information from the provider must include: ventilator settings, weaning attempts and/or potential and number of hours per day that the patient requires mechanical ventilation.

2. The recipient has a documented need for mechanical ventilation for more than twelve hours per day.

Apnea Monitor

Description: A device used to monitor breathing, heart rate or both and alert the caregiver when these are outside the limits set by the physician.

Pertinent Features:

1. For recipients up to the age of six months, the request must include:
   a. documented family history of apnea, SIDS or near miss SIDS; or,
   b one or more incidences of apnea within the past six months; documentation must include the outcome and intervention which occurred for each incident; or
   c. presence of an artificial airway; or,
   d. diagnosis of Apert's syndrome.

2. For recipients age six months to three years the request must indicate one of the following clinical conditions:
   a. One or more incidences of apnea within the past six months; documentation must include the outcome and intervention which occurred for each incident; or
   b. presence of an artificial airway; or
   c. diagnosis of Apert's syndrome.

3. Apnea monitors are rarely indicated for patients four years of age or over.