

**Criteria Checklist**  
**Alabama Medicaid Agency**  
**Continuous Positive Airway Pressure (CPAP) Device & Related Supplies**  
Children under the age of 21 and EPSDT eligible

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**Criteria updated August 1, 2022**

**PREREQUISITE CRITERIA** *All of the following **must** be met with supporting documentation\*:*

- Patient is Medicaid eligible
- Patient has a current EPSDT screening
- Physician specializing in pulmonary, neurology or a board certified sleep specialist documents\* all of the following conditions:
  - Patient has been diagnosed with obstructive sleep apnea, upper airway resistance syndrome, or mixed sleep apnea
  - Diagnosis supported by associated signs and symptoms of **one** of the following that can be documented\* to improve or maintain airway patency and oxygenation through the use of CPAP:
    - Craniofacial malformations
    - Neuromuscular disorders
    - Cardiopulmonary or metabolic disorders
    - Morbid obesity or adenotonsillar hypertrophy
    - Tracheomalacia
    - Tracheostomy complications
    - Other anomalies of the larynx, trachea and bronchus
- Results from a sleep study, conducted within the last six months, recorded for at least 360 minutes or 6 hours  
**OR**
- Results from a sleep study recorded for at least 240 minutes or 4 hours for patients less than six months old

**DIAGNOSIS CODES**

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

**PROCEDURE CODES**

E0601, A7030, A7032 – A7039, A7044, A7046, E0550, E0561, E0562

Maximum yearly limits apply to each of the procedure codes indicated above. Requests for replacement of E0601 will be limited to once every eight years based on a review of submitted documentation\* requested. Requests for replacement of E0561 will be limited to once every three years based on a review of submitted documentation\* requested.

*\*Documentation may include notes from the patient chart.*