

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

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* the following applicable conditions:
 - Patient has been diagnosed with obstructive sleep apnea, upper airway resistance syndrome, or mixed sleep apnea
AND
 - Patient has had an unsuccessful trial on the CPAP device
OR
 - Patient is five years of age or younger
AND
 - 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

EXCEPTIONS

- Patient does not have obstructive sleep apnea, upper airway resistance syndrome or mixed sleep apnea, **but does have** a neuromuscular disease or respiratory insufficiency or restrictive lung disease from wall deformities. In this setting, a sleep study and failure of CPAP is not required

DIAGNOSIS CODES

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

PROCEDURE CODES

E0470, E0471, E0472, A7030 – A7039, A7044, A7046, and E0565

Maximum yearly limits apply to each of the procedure codes indicated above. Requests for replacement of E0470, E0471 or E0472 will be limited to once every eight years based on a review of submitted documentation* requested.

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