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Alaska Medicaid Policy Clarification
Non-invasive Positive Pressure Ventilators

POLICY:

Effective May 1, 2021 and in accordance with 7 AAC 105.100, Alaska Medicaid will authorize requests for non-invasive ventilators (identified by HCPCS codes E0466) when considered medically necessary and if the medical appropriateness criteria are met. Non-invasive ventilators for the treatment of obstructive sleep apnea are considered not medically necessary. Non-invasive ventilators for the treatment of all other conditions/diseases not identified below are considered investigational. Medical devices provided to Alaska Medicaid recipients must have FDA approval specific to the indication, otherwise it will be considered investigational. Testing results must be while the individual is in a chronic stable state.

BACKGROUND:

A non-invasive positive pressure ventilator (NIPPV) provides ventilatory support through a non-invasive interface, such as a nasal or face mask. NIPPV is utilized in the acute care setting as short-term life support therapy for respiratory conditions that generally respond relatively quickly to therapy (e.g., acute-on-chronic respiratory failure, COPD, post-op respiratory distress). Evidence-based data demonstrates that use of NIPPV in hospitalized individuals reduces mortality and morbidity (e.g., nosocomial infections, pneumonia, and length of hospital stay) associated with invasive mechanical ventilation. NIPPV during an acute exacerbation is often applied intermittently or continuously to reduce ventilatory failure while simultaneously administering medical therapeutics. Following optimal recovery, the individuals is weaned and NIPPV treatment is terminated. NIPPV may also be useful in the weaning process from invasive mechanical ventilation.

MEDICAL APPROPRIATENESS:

- Home use of a non-invasive positive pressure ventilator is considered medically appropriate if **ALL** of the following are met:
    - Individual is alert and oriented
    - Individual is able to cough or uses an assist device to clear secretions
    - Absence of **ALL** of the following:
        - Anatomic abnormality that precludes mask fitting
        - Excessive secretions
        - Swallowing disorder

- Documentation of **ANY ONE** of the following:
  - Initial request for three (3) months with **ANY ONE** of the following diagnosis:
    - **Progressive neuromuscular disease** (e.g., muscular dystrophy, myasthenia gravis, polio, amyotrophic lateral sclerosis) resulting in respiratory insufficiency with **ALL** of the following:
      - Documentation of symptoms characteristic of sleep-associated hypoventilation, such as daytime hypersomnolence, excessive fatigue, morning headache, cognitive dysfunction, or dyspnea
      - Chronic obstructive pulmonary disease (COPD) does not contribute significantly to the pulmonary limitation
      - Documentation of **ANY ONE** of the following:
        - An arterial blood gas PaCO2, done while awake and breathing the prescribed FIO2 is greater than or equal to 45 mm Hg
        - Sleep oximetry demonstrates oxygen saturation less than or equal to 88% for greater than or equal to 5 minutes of nocturnal recording time (minimum recording time of 2 hours), done while breathing the prescribed recommended FIO2
      - Documentation of **ANY ONE** of the following:
        - Maximal inspiratory pressure is less than 60 cm H20
        - Forced vital capacity is less than 50% predicted
    - **Severe thoracic cage disorder** (e.g., post-thoracoplasty for TB, Fibrothorax, Asphyxiating thoracic dystrophy) resulting in respiratory insufficiency with **ALL** of the following:
      - Documentation of symptoms characteristic of sleep-associated hypoventilation, such as daytime hypersomnolence, excessive fatigue, morning headache, cognitive dysfunction, or dyspnea
      - Chronic obstructive pulmonary disease does not contribute significantly to pulmonary limitation
      - Documentation of **ANY ONE** of the following:
        - An arterial blood gas PaCO2, done while awake and breathing the prescribed FIO2 is greater than or equal to 45 mm Hg
        - Sleep oximetry demonstrates oxygen saturation less than or equal to 88% for greater than or equal to 5 minutes of nocturnal recording time (minimum recording time of 2 hours), done while breathing the prescribed recommended FIO2
    - **Hypoventilation Syndrome** resulting in respiratory insufficiency with **ALL** of the following:
      - Documentation of symptoms characteristic of sleep-associated hypoventilation, such as daytime hypersomnolence, excessive fatigue, morning headache, cognitive dysfunction, or dyspnea
      - An initial arterial blood gas PaCO2, done while awake and breathing the prescribed FIO2, is greater than or equal to 45 mm Hg

        - Spirometry shows a forced expired volume in 1 second (FEV1) or forced vital capacity (FVC) less than or equal to 70%
        - Documentation of **ANY ONE** of the following:
            - An arterial blood gas PaCO2, done during sleep or immediately upon awakening, and breathing the prescribed FIO2, shows the PaCO2 worsened by 7 mm HG or more compared to the initial arterial blood gas
            - A facility-based polysomnogram or portable home sleep testing demonstrates oxygen saturation less than or equal to 88% for greater than or equal to 5 minutes of nocturnal recording time (minimum recording time of 2 hours) that is not caused by obstructive upper airway events, AHI apnea-hypopnea index less than 5
    - **Severe Chronic Obstructive Pulmonary Disease** (COPD) resulting in respiratory insufficiency with **ALL** of the following:
        - Documentation of symptoms characteristic of sleep-associated hypoventilation, such as daytime hypersomnolence, excessive fatigue, morning headache, cognitive dysfunction, or dyspnea
        - Obstructive Sleep Apnea (OSA) has been ruled out as a predominant cause of awake hypercapnia or nocturnal arterial oxygen desaturation (Note: Formal sleep testing is not required if there is sufficient information in the medical record to demonstrate that the individual does not suffer from some form of sleep apnea such as Central Sleep Apnea and/or Complex Sleep Apnea desaturation)
        - Compliant with a continuous positive airway pressure device (CPAP) use and CPAP has failed to relieve symptoms, improve awake hypercapnia and/or nocturnal arterial oxygen desaturation
        - Documentation of an arterial blood gas PaCO2, done while awake and breathing the prescribed FIO2, is greater than or equal to 52 mm Hg
        - Sleep oximetry demonstrates oxygen saturation less than or equal to 88% for greater than or equal to a cumulative 5 minutes of nocturnal recording time (minimum recording time of 2 hours), done while breathing oxygen at 2 LPM or the prescribed FIO2 (whichever is higher)
- Continued home use of a non-invasive positive pressure ventilator after the initial three (3) months if **ALL** of the following are documented:
    - A signed and dated statement completed by the prescribing provider no sooner than 61 days after initiating use of the device stating **ALL** of the following:
        - Evaluation has been completed
        - Recipient is compliant using the device (i.e. average of 8 hours per 24 hour period) as evidenced by prescribing provider's documented review of device usage data
        - Recipient is benefiting from its use

IMPORTANT REMINDERS:

Medical Policies are developed to provide guidance to recipients and providers. This medical policy relates only to the services or supplies described in it. The existence of a medical policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the medical policy.

If you have questions, please contact Karen Benson at Karen.Benson@Alaska.gov or Tracy Stephens at Tracy.Stephens@Alaska.gov.

References:
7 AAC 105.100. Covered services