

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202260 JULY 28, 2022

IHCP temporarily suspends MCE PA requirements for respiratory assist devices

Effective Aug. 1, 2022, through Jan. 31, 2023, the Indiana Health Coverage Programs (IHCP) is temporarily removing managed care entity (MCE) prior authorization (PA) requirements for continued use of respiratory assist devices, including continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BiPAP) devices. The PA suspension is for a **continuation of coverage only** and not the initiation of services.

Members with a *new* requirement for a PAP device will still require an initial PA if the device requires PA under their current coverage plan. Furthermore, providers are still required to document an attestation of medical necessity and a member's acknowledgment of usage compliance within the member's medical record.

MCEs will not require PA for the continued use of respiratory assist devices listed in Table 1 for dates of service (DOS) from Aug. 1, 2022, through Jan. 31, 2023.

This temporary policy change applies to managed care benefit plans only. Data compliance information is not required for PA approval under the fee-for-service (FFS) delivery system.

This change is in response to the voluntary recall notification issued by Philips following the discovery of a potential health risk. The manufacturer is no longer taking new orders or sending out new shipments. For more information on this situation, see the [official statement](#) at [usa.philips.com](#).



*Table 1 – Respiratory assist devices for which managed care PA requirements for **continuation of coverage** are suspended for DOS from Aug. 1, 2022, through Jan. 31, 2023*

Procedure code	Description
E0601	Continuous airway pressure device (CPAP/APAP)
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with non-invasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)

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