Based on medical necessity and satisfaction of the criteria below and all other terms of the Mississippi Medicaid program, this item is available for coverage for:

___ Beneficiaries under age 21

___ Beneficiaries age 21 and over ~~who are receiving services through the home health program~~

_X_ All beneficiaries (no age restriction)

___ Beneficiaries who are pregnant

The provider must refer to the current fee schedule for the acceptable codes and fee schedule allowances available under Medicaid.

The following criteria for coverage apply to Bilevel Positive Airway Pressure Device (BIPAP):

This item may be approved for :

___ Rental only

___ Purchase only

_X_ Rental for initial 3 months trial period, then recertification is required ~~for purchase~~
(The 3 month rental trial period will apply toward the maximum reimbursement for purchase.)

___ Rental up to the purchase amount or purchase when indicated

This item must be ordered by a physician, nurse practitioner, or physician assistants. It is expected that physicians, nurse practitioners, or physician assistants order only items within the scope of their specialty. For example, specialized items such as custom wheelchairs or prosthetics and orthotics should be ordered by specialties such as orthopedics and physicians specializing in rehabilitation. Other items are handled through other specialties.

BIPAP is a non-continuous, bi-level airway management device that cycles between the inspiratory and expiratory pressure levels in response to the patient's respiratory effort. The rise in pressure during inspiration supports the patient's breathing by splinting the airway to overcome the additional collapsing forces from inspiratory efforts. When inspiration has ended, the pressure drops at the point of exhalation removing the sensation of expiratory effort while still maintaining a therapeutic level of pressure in the circuit necessary to overcome collapsing forces in the airway. For this reason, patients are sometimes able to tolerate BIPAP rather than the continuous pressures of CPAP.

All related supplies are considered an integral part of the rental or purchase allowance of the BIPAP unit and separate charges for supplies or respiratory services are not payable.

An in-line heated humidifier, when used in conjunction with and attached to the BIPAP unit, may be billed separately.

If a beneficiary owns the BIPAP unit, the DME supplier may bill for the supplies listed in the following table. The table represents the usual maximum amount of accessories expected to be medically necessary. The claims for more than the usual maximum replacement amount will be denied as not medically necessary unless the claim is accompanied by documentation that justifies a larger quantity in the individual case.

HCPCS Code	Description	Frequency
A7030	Full face mask used with positive airway pressure device, each	1 every 3 months
A7031	Face mask interface, replacement for full face mask, each	1 every 3 months
A7032	Replacement cushion for nasal application device, each	1 every month
A7033	Replacement pillows for nasal application device, pair	1 pair every month
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	1 every 3 months
A7035	Headgear used with positive airway pressure device	1 every 6 months
A7036	Chin strap used with positive airway pressure device	1 every 6 months
A7037	Tubing used with positive airway pressure device	1 every month
A7038	Filter, disposable, used with positive airway pressure device	2 every month
A7039	Filter, non-disposable, used with positive airway pressure device	1 every 6 months
A7044	Oral interface used with positive airway pressure device, each	1 every 3 months

A BIPAP unit is covered when one or more of the following apply:

- The beneficiary was unable to tolerate the necessary CPAP pressures;
- The beneficiary has frequent central apneas that do not resolve with administration of CPAP or
- The beneficiary's baseline hypoxemia in cases involving chronic lung disease or hypoventilation syndromes is not corrected with administration of CPAP.

~~After the three (3) month trial period, the provider must submit a plan of care requesting purchase along with a physician's certifying statement that the BIPAP treatment was effective and that the beneficiary was compliant in using the equipment or the equipment must be returned to the vendor. Continued rental beyond the initial 3 month trial period will not be approved. The rental fees paid will apply toward the maximum reimbursement for purchase.~~

After an initial three (3) month trial period, the BIPAP may be recertified up to seven (7) additional months with a physician's certifying statement that the BIPAP treatment was effective and that the beneficiary was compliant in using the equipment. If the equipment was not effective or if the beneficiary was non-compliant, the equipment may be returned to the vendor. The rental fees paid for the three (3) month trial period will apply toward the maximum reimbursement for purchase.