

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Ginnie McCardle, Spec. Proj. Officer
Robert E. Lee Building
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Specific Legal Authority authorizing the promulgation of
Rule: Miss. Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the
Proposed Rule : _____
Provider Policy Manual Section 10.14

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

AP2006-64 This Provider Policy Update amended the Durable Medical Equipment section 10.14 for a Bilevel Positive Airway Pressure Device (BIPAP).

This rule is proposed as a Final Rule, and/or a Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

An oral proceeding is scheduled on this rule on Date: _____ Time: _____
Place: _____

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

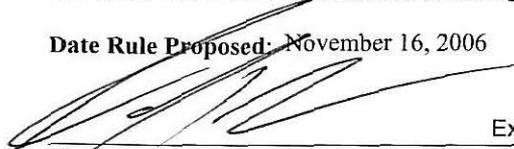
Economic Impact Statement: Check one box below:

The agency has determined that an economic impact statement is not required for this rule, or
 The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: November 16, 2006

Proposed Effective Date of Rule: February 1, 2007


Executive Director
Signature and Title of Person Submitting Rule for Filing

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 05/01/06 02/01/07
Section: Durable Medical Equipment	Section: 10.14 Pages: 2	
Subject: Bilevel Positive Airway Pressure Device (BIPAP) with or without an In-Line Heated Humidifier	Cross Reference: Reimbursement 10.02 Documentation 10.07	

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
- 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
- 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.