



THE PAIUTE INDIAN TRIBE OF UTAH

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112

CHS CPAP/BiPAP POLICY AND PROCEDURE

March 19, 2013

Policy: To ensure compliance with all Federal, CHS and IHS guidelines and equality for all eligible Tribal members and AI/AN, all CHS staff must follow the listed compliance requirements for obtaining a C-PAP/BiPAP.

Procedure:

- A. Notification Requirements.** The following notification requirements apply to all categories of eligible AI/AN patients including students, transients, and clients who leave the *Contract Health Service Delivery Area* (CHSDA). The listed requirements apply to medical services.
1. Clients will be notified within 14 days of receipt of the request, by mail, of approvals or denials for CPAP/BiPAP machines.
 - a. Letter attachment A: Notice of Approval for CPAP/BiPAP machine.
 - b. Letter attachment B: Notice of Denial for CPAP/BiPAP machine.
- B. Eligibility Requirements and Processes For C-Pap/BiPAP.** The Contract Health Department and the client will follow these requirements and processes when reviewing a request for CPAP/BiPAP machine.
1. All clients must first undergo an overnight oximetry test.
 2. All clients are required to undergo a sleep study performed in an accredited sleep facility.
 - a. With greater than 15 episodes of respiratory disturbance or 5 to 14 episodes per hour.
 - b. Documentation of daytime sleepiness, impaired mental function, mood disorders or insomnia.
 - c. Or, if the four apnea symptoms don't exist, then high blood pressure, heart disease or stroke must be present.
 3. All requests for C-PAP/BiPAP will be reviewed by the PITU Case Manager.
 4. PITU Case Manager must approve the request and course of treatment recommended.
 5. Eligibility verification is required prior to processing the request.
 6. Alternate resources must be utilized before CHS payment.
 7. Clients must adhere to the primary payer guidelines by using "in-network" providers.
 8. Additional services (i.e. lab, x-ray, testing) require separate prior-authorization.
 9. A new prior-authorization number will be assigned for the approved C-PAP/BiPAP.
 10. Initial approvals are good for thirty (30) days. If the client does not utilize the referral within the time frame the client will need to be reevaluated.

C. C-Pap/BiPAP Compliance Guidelines. Compliance is defined as utilization of the prescribed therapy by the patient for an average of four hours a night for 70% of nights during the time of use.

1. An objective machine-generated report must be obtained by or provided to The Paiute Indian Tribe of Utah Contract Health Department in each of the first 30, 60 and 90 day periods of use in order to extend authorization of services.
2. CPAP/BiPAP machines are rented for a 13 month period, after which it is converted to a purchasing schedule and the patient assumes ownership.
3. In the event the client is determined non-compliant, the DME provider will obtain an *Against Medical Advice (AMA)* form which must be signed by the client.

D. Compliance.

1. Failure to follow the policy and procedures may result in claim denial.

Definitions

PITU – Paiute Indian Tribe of Utah.

AI/AN – American Indian/Alaskan Native.

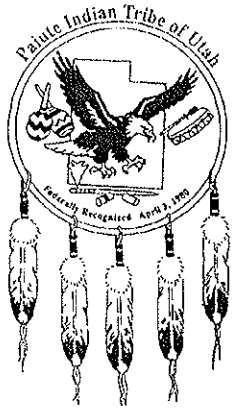
C-PAP – Continuous positive airway pressure device.

BiPAP – Bi-level positive airway pressure device.

IHS – Indian Health Services.

CHS – Contract Health Services.

Attachment A



THE PAIUTE INDIAN TRIBE OF UTAH

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112 • Fax (435) 867-1514

Date xx, 2013

Patient
Patient address
City

Dear XX

The Paiute Tribal Health Department received a prior-authorization request from your provider, XXX, for a CPAP/ BiPAP. This letter is to inform you that the request has been approved. Please note that all labs, x-rays or any other testing will require an additional prior-authorization number.

This is what you need to do:

- Provide the DME company your Medicare, Medicaid or private insurance information.
- You must show compliance in the use of you CPAP/BiPAP machine. Compliance is defined as utilization for an average of four hours a night for a minimum of 70% of nights during the recorded time of use.

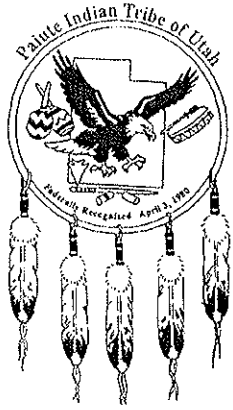
Your approved request is good for 30 days from the date of this letter. If longer than 30 days are needed, please call the Tribal Health Department.

If you have questions regarding this letter or the requirements listed please contact Janice Grygla at (435) 586-1112 ext 410.

Sincerely,

Janice Grygla, CPC, CPC-H
Contract Health/Billing Office Supervisor
Paiute Indian Tribe Health Department

Attachment B



THE PAIUTE INDIAN TRIBE OF UTAH

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112 • Fax (435) 867-1514

Date xx, 2013

Patient
Address
City, State

Dear XX,

The Paiute Tribal Health Department received a prior-authorization request from your provider, XXX, for a CPAP/ BiPAP. This letter is sent to inform you that your request has been denied.

According to the Indian Health Services Manual Part 2, Chapter 3 Manual Exhibits (Level II Preventive Care Services) preventive care is covered when the service is “aimed at the prevention of disease or disability”.

ADDITIONAL EXPLANATION WILL GO HERE

You have a right to appeal this decision. You have 30 days from the date of this letter to file your concern. Please forward your appeal letter with all relevant documentation attached.

Paiute Indian Tribe of Utah/ Health Department
Health Director Michele Lefebvre
440 North Paiute Drive
Cedar City, UT 84721

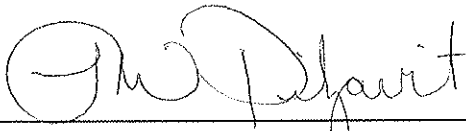
If you have any questions or concerns regarding this letter please contact Janice Grygla at (435) 586-1112 ext 410.

Sincerely,

Janice Grygla, CPC, CPC-H
Contract Health/Billing Office Supervisor
Paiute Indian Tribe Health Department

CERTIFICATION

I hereby certify that the foregoing CHS CPAP/BiPAP Policy was full considered and adopted by the Health Committee at a duly called meeting in Cedar City, Utah, at which a quorum was present, and that the same was passed by a vote of 5 in favor, 0 opposed, 0 absent, and 0 abstained, this 19 day of March, 2013



Toni Pikyavit, Health Committee Chair

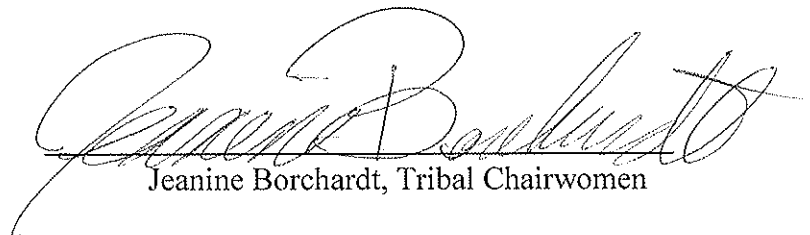
ATTEST:



Laurel Garcia, Administrative Assistant

CERTIFICATION

I hereby certify that the foregoing CHS CPAP/BiPAP Policy was full considered and adopted by the Tribal Council at a duly called meeting in Cedar City, Utah, at which a quorum was present, and that the same was passed by a vote of 4 in favor, 0 opposed, 1 absent, and 0 abstained, this 21st day of March, 2013



Jeanine Borchardt, Tribal Chairwomen

ATTEST:



Naomi Colorow, Tribal Council Secretary