

Prior authorization requirements for continuous positive airway pressure supplies

Summary of change: Effective December 1, 2019, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) will begin requiring prior authorization for the below listed continuous positive airway pressure (CPAP) supplies. These prior authorizations will be managed through AIM Specialty Health® (AIM), a specialty health benefits company. Amerigroup STAR+PLUS MMP has an existing relationship with AIM in the administration of other medical management programs.

AIM will follow the Amerigroup STAR+PLUS MMP clinical hierarchy for medical necessity determination. Amerigroup STAR+PLUS MMP makes coverage determinations based on CMS national coverage determinations, local coverage determinations, other coverage guidelines, and instructions issued by CMS and state benefit requirement changes. Where the existing guidance provides insufficient clinical detail, AIM will make a determination of medical necessity using an objective, evidence-based process. The *AIM Clinical Guidelines* that have been adopted by Amerigroup STAR+PLUS MMP to review for medical necessity are located at <http://www.aimspecialtyhealth.com/marketing/guidelines/185/index.html>.

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to providers on our provider website (<https://providers.amerigroup.com/TX> > Provider Resources & Documents > Quick Tools > Precertification Lookup Tool) and at <https://www.availity.com>. Providers may also call us at 1-855-878-1785 for requirements.

Prior authorization requirements

For services that are scheduled on or after December 1, 2019, providers must contact AIM to obtain prior authorization for the services detailed below. Providers are strongly encouraged to verify that a prior authorization has been obtained before scheduling and performing services.

A4604	Tubing with heating element
A7046	Water chamber for humidifier, replacement, each
A7027	Combination Oral/Nasal Mask used with positive airway pressure device, each
A7030	Full Face Mask used with positive airway pressure device, each
A7031	Face Mask Cushion, Replacement for Full Face Mask
A7034	Nasal Interface (mask or cannula type), used with positive airway pressure device, with/without head strap
A7035	Headgear

<https://providers.amerigroup.com>

A7036	Chinstrap
A7037	Tubing
A7039	Filter, nondisposable
A7044	Oral Interface for Positive Airway Pressure Therapy
A7045	Replacement Exhalation Port for PAP Therapy
A7028	Oral Cushion, Replacement for Combination Oral/Nasal Mask, each
A7029	Nasal Pillows, Replacement for Combination Oral/Nasal Mask, pair
A7032	Replacement Cushion for Nasal Application Device
A7033	Replacement Pillows for Nasal Application Device, pair
A7038	Filter, disposable

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call 1-855-878-1785.