

REFERRAL, NOTIFICATION, AND AUTHORIZATION—NOTIFICATION

Non-Invasive Airway Assist Devices (CPAP, APAP, and BiPAP) and Related Sleep Therapy Supplies

Harvard Pilgrim requires notification from durable medical equipment (DME) providers for Non-Invasive Airway Assist Devices (CPAP, APAP and BiPAP) and related sleep therapy supplies for members 18 years of age and older enrolled in commercial HMO, POS and PPO products.

Action Required

Notification and the requested count associated with each code is required for the following sleep therapy DME:

Code	Description
A4604	Tubing with heating element
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028	Oral cushion for comb. oral/nasal mask, replacement only, ea.
A7029	Nasal pillows for comb. oral/nasal mask, replacement only, pair
A7030	Full face mask used with positive airway pressure device, each
A7031	Face mask interface, replacement for full face mask, each
A7032	Cushion for use on nasal mask interface, replacement only, ea.
A7033	Pillow for use on nasal cannula type interface, replacement only, pair
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035	Headgear used with positive airway pressure device
A7036	Chin strap used with positive airway pressure device
A7037	Tubing used with positive airway pressure device
A7044	Oral interface used with positive airway pressure device, each
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive 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)
E0561	Humidifier, nonheated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
E0601	Continuous airway pressure (CPAP) device

The following are excluded from requiring auth:

- A7038- Filter, disposable, used with positive airway pressure device
- A7039- Filter, non-disposable, used with positive airway pressure device

Please refer to the Notification Policy for definitions of "timely notification."

No authorization is required for members under 18 years of age. The servicing provider should submit claims for members under 18 years of age as per standard claims submission protocol.

Electronic

Submit a transaction record with required information using the HPHConnect or NEHEN transaction service.

- Detailed *HPHConnect* instructions are available at *www.harvardpilgrim.org/providers*. (Refer to the user guides at *HPHConnect/*User Guides.)
- For NEHEN instructions, refer to your NEHEN documentation.

Harvard Pilgrim Response:

An immediate confirmation is available online.

REFERRAL, NOTIFICATION, AND AUTHORIZATION POLICIES AND PROCEDURES—NOTIFICATION

Non-Invasive Airway Assist Devices (CPAP, APAP, AND BiPAP) and Related Sleep Study Supplies (cont.)

Telephone or Mail

Send notification of change to Harvard Pilgrim's Referral/Authorization Unit.

• Mail Harvard Pilgrim Health Care

Referral and Authorization Unit

1600 Crown Colony Drive

Quincy, MA 02169

Fax 800-232-0816 Phone 800-708-4414

Harvard Pilgrim Response:

Harvard Pilgrim will update the system and return a fax or telephone confirmation within two business days.

Information Required

The following information is required for notification of an elective admission:

- Member's name and Harvard Pilgrim identification number
- Provider's name and National Provider Identifier (NPI)
- Requested DME descriptor or CPT code
- Diagnosis and/or ICD code
- Start date DME is to be dispensed

Notification Changes

Harvard Pilgrim must be notified when any change to the original notification occurs, such as a change in the date of service or a change in the type of service (e.g., inpatient admission following observation or surgical day care).

Electronic

Edit the existing transaction record or submit a new transaction record using the *HPHConnect* or NEHEN transaction service.

- Detailed HPHConnect instructions are available at http://www.harvardpilgrim.org/providers. (Refer to the user guides at HPHConnect/User Guides.)
- For NEHEN instructions, refer to your NEHEN documentation.

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Referral and Authorization Unit 1600 Crown Colony Drive

Quincy, MA 02169

• Fax 800-232-0816

Phone 800-708-4414

Sleep therapy Provider Requirements

Harvard Pilgrim requires that sleep diagnostic providers allow Harvard Pilgrim to use practioner performance data (such as quality, cost, resource use, or utilization information) as is required by the National Committee for Quality Assurance (NCQA).

PUBLICATION HISTORY

06\15\17 original documentation