# Adult CPAP Funding Criteria

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NSW GOVERNMENT | HealthShare EnableNSW

## Part A: CPAP CLINICAL FUNDING CRITERIA

| Eligible Prescribers | Inclusions | Exclusions |
|---|---|---|
| • Respiratory physician<br>• Sleep physician | • Fixed pressure CPAP machine (pressure range 4-20 $cmH_2O$) with in-built modem and integrated humidifier<br><br>*EnableNSW is required to purchase the most suitable and cost effective fixed CPAP devices from the NSW Government Contract HC18_1802.* | • Auto-titrating CPAP equipment<br>• Circuit/tubing/connectors<br>• Masks/interfaces & chinstraps<br>• Filters (including antibacterial/antiviral filters)<br>• Batteries and car adaptors<br>• Oral appliances |
| **Step 1. Diagnostic information** | | |
| Prescriber must submit ONE of the following:<br><br>**AND** | Oxygen desaturation index (ODI) ≥ 30/hr on overnight oximetry<br>**OR**<br>Apnoea Hypopnea Index (AHI) ≥ 30/hr on diagnostic polysomnogram (PSG) *OR* level 2 home sleep study<br>**OR**<br>Apnoea Hypopnea Index (AHI) ≥ 20/hr on diagnostic PSG *OR* level 2 home sleep study **PLUS** clinical letter documenting one or more of the following comorbidities:<br>- Pulmonary hypertension, congestive heart failure, drug resistant hypertension, or stroke<br>- Central sleep apnoea (CSA)/ Cheyne Stokes Respiration (CSR) for the majority (≥50%) of respiratory events<br>**OR**<br>Hypoventilation/ daytime hypercapnia:<br>- $TcCO_2$ rising ≥ 8 mmHg from baseline on PSG **OR**<br>- Awake $PaCO_2$ ≥ 46 mmHg on arterial blood gas (ABG) taken during a period of clinical stability **OR**<br>- A rise in $PaCO_2$ of ≥ 8 mmHg from paired evening-morning ABG | |
| **Step 2. Screening for co-morbidities to determine CPAP application pathway** | | |
| Prescriber must assess the person for the presence of any of the following co-morbidities:<br><br>**AND** | • COPD (with $FEV_1/FVC \leq 70\%$ and $FEV_1 \leq 50\%$ predicted)<br>• Requires supplemental oxygen<br>• Awake $SpO_2 \leq 92\%$<br>• Awake hypercapnia or hypoventilation syndrome<br>• Morbid obesity (BMI ≥ $45kg/m^2$)<br>• Heart failure<br>• Chronic opioid use<br>• Neuromuscular or chest wall deformity<br>• Other significant sleep, respiratory or cardiac disorders (including CSA/CSR) | |

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<table>
<tr><th colspan="3">Step 3. CPAP treatment information</th></tr>
<tr><th colspan="3">Does the person have any comorbidities as above (2)?</th></tr>
<tr><td rowspan="2">For newly established CPAP treatment:<br>(see Part B Section 2 for requirements for people established on CPAP > 5 years)<br><br>AND</td><td>No- the person does not have any comorbidities</td><td>Yes- the person has one or more comorbidities listed above</td></tr>
<tr><td>A. Uncomplicated diagnosis pathway requirements:<br>Auto-titrating CPAP treatment trial for ≥ 3 consecutive nights to determine the fixed pressure AND demonstrating a reduction in AHI to ≤10/hr<br><br>OR<br><br>Recent (≤5 years) in-lab fixed CPAP pressure determination PSG (CPAP PD) demonstrating control of sleep-disordered breathing (SDB)</td><td>B. Complicated/complex diagnosis pathway requirements:<br><br>In-lab CPAP titration PSG (preferred):<br>Recent (≤5 years) in-lab fixed CPAP pressure determination PSG (CPAP PD) demonstrating control of sleep-disordered breathing (SDB)<br><br>OR<br><br>Only if in-lab CPAP titration study cannot be arranged, please provide:<br>Auto-titrating CPAP treatment trial for ≥ 3 consecutive nights determining the fixed pressure AND demonstrating a reduction in AHI to ≤10/hr<br>PLUS<br>Oximetry with detailed download from CPAP machine on prescribed fixed CPAP demonstrating stable gas exchange (including full technical and physician report)<br>PLUS<br>Letter outlining all of the following:<br>(1) the person's clinical history<br>(2) that the prescriber has assessed the safety of CPAP for the person<br>(3) reasons why CPAP PD was not performed<br>PLUS one of the following:<br>- Documentation of resting $SpO_2$ >93% on room air OR<br>- Serum bicarbonate <27 mmol/L OR<br>- Arterial or capillary blood gas demonstrating $PCO_2$ ≤45 mmHg</td></tr>
<tr><th colspan="3">Step 4. Home trial & compliance download</th></tr>
<tr><td>Compliance requirements (all applications)<br>AND</td><td colspan="2">Downloaded compliance report from a trial of fixed pressure CPAP at home for at least two (2) consecutive weeks within in the previous four (4) months, demonstrating consistent usage of ≥ 4 hours per night for ≥ 70% of nights</td></tr>
<tr><th colspan="3">Step 5. Clinical letter</th></tr>
<tr><td>Clinical letter (all applications)</td><td colspan="2">Recent letter from Respiratory/Sleep Physician confirming that the person is clinically stable on long-term CPAP, and who will be responsible for ongoing clinical review of the person.</td></tr>
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<table>
<tr><th colspan="3">PART B: ADDITIONAL INFORMATION</th></tr>
<tr><td>1. Information and requirements for PSG and oximetry studies, and CPAP downloads</td><td colspan="2">• Full technical reports AND physician report/comments are required for ALL studies provided, including diagnostic oximetry, oximetry + detailed CPAP data downloads, and PSG studies<br>• EnableNSW will accept AHI/ODI scored using a 3% $SpO_2$ desaturation threshold. Services are advised to provide AHI data as per diagnostic criteria, and not RDI<br>• Where an in-lab CPAP titration study is required, auto-titrating CPAP PSG studies will not be accepted</td></tr>
<tr><td rowspan="4">2. For people previously established on CPAP for > 5 years and are currently using CPAP<br>Prescriber must provide all the following:</td><td colspan="2">Diagnostic Information:<br>All relevant documentation must be attached, and must include a current clinical justification letter, and physician and technical reports of original/ most recent diagnostic and CPAP titration sleep studies. If a previous diagnostic PSG study report cannot be obtained, please provide a clinical letter from the time of the original diagnostic study confirming the diagnosis and AHI; and any other relevant tests to support the application. Diagnostic information will be reviewed against the Diagnostic Criteria (Part A, Step 1).<br>AND</td></tr>
<tr><td colspan="2">Treatment Information: does the person have any co-morbidities as listed under Part A, Step 2?</td></tr>
<tr><td>NO<br>Provide clinical letter confirming that there has been no significant change in the person’s respiratory/sleep condition since establishment on CPAP</td><td>YES<br>Recent studies are required.<br>Please follow B. Complicated/complex diagnosis pathway requirements as per Part A, Step 3 (page 2)</td></tr>
<tr><td colspan="2">AND<br>Recent compliance download (within the previous 4 months) meeting the criteria as per Part A, Step 4</td></tr>
<tr><td>3. Complete settings are required to set the CPAP machine</td><td colspan="2">Complete settings are required in order to avoid delays in your patient’s CPAP machine being set up and delivered.<br>As a minimum, please provide: fixed CPAP pressure<br>Other settings (if required) may include: ramp time, ramp start pressure, EPR/C-flex settings</td></tr>
<tr><td>4. Device selection</td><td colspan="2">The Equipment Request Form allows prescribers to select the brand of CPAP device (on contract). Please select a brand which will be issued to your patient in order to ensure that the person is provided with a CPAP device that they are familiar with.</td></tr>
<tr><td>5. Equipment allocation</td><td colspan="2">Available equipment that meets the persons assessed requirements may be either reallocated or new</td></tr>
<tr><td>6. Availability of new CPAP models, modes or features</td><td colspan="2">EnableNSW will not exchange functioning CPAP or integrated humidifier equipment on the basis of newer device models, modes, or new or updated features becoming available</td></tr>
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|---|---|
| **7. Ongoing clinical review, ongoing contact requirements, obtaining settings for repairs** | • In line with clinical best practice guidelines, EnableNSW expects that people using EnableNSW CPAP devices have ongoing regular review with their respiratory/sleep physician to ensure they continue to be on the optimal treatment<br>• As the prescriber of this equipment, the respiratory/sleep physician agrees to:<br>- Provide current contact details, and alternative contact details for clarification of clinical information or other CPAP equipment updates for the person<br>- Provide up to date CPAP device settings to EnableNSW Repairs & Maintenance Team on request, which are required for repairs to be initiated |
| **8. It is the responsibility of the prescribing physician/clinical teams to submit/organise and ensure the following:** | Training, safety, and repairs:<br>• The person and/or family/carers are trained and are capable of using the equipment safely and appropriately, including basic equipment care and minor troubleshooting<br>• The person and/or family/carers are trained how to regularly clean and inspect the CPAP equipment, and safely store and transport the equipment (e.g. empty the humidifier chamber before transporting the machine)<br>• The person/primary carer should retain a copy of current CPAP prescription settings<br>• The person must be willing to comply with device usage as prescribed by their physician and must be informed that therapy compliance data will be recorded by the clinical service<br>• Provide the person with information about their treatment plan, ongoing clinical review and assessment requirements in relation to their CPAP treatment<br>• EnableNSW can be contacted to coordinate repairs and/or replacement within business hours (9am-5pm, Monday to Friday). EnableNSW and contracted equipment suppliers do not provide a 24 hour equipment support contact line.<br>• The person and/or carer must be aware of the procedure to follow in the event of CPAP equipment failure, and have a plan in place for CPAP equipment failure outside of business hours. The person must have contact details for their clinical team. Any concerns about the person's CPAP management or health condition must be discussed with the clinical team.<br>• If the person is not compliant with CPAP, the physician or clinical service should review and provide assistance to the person<br>Equipment and environment factors:<br>• Ensure the CPAP equipment prescribed is compatible with the person's home environment and all other equipment or consumables prescribed, and is suitable for safe management of the person in the community<br>• Ensure that the person's place of residence has access to a stable electrical power source that is sufficient for device operation<br>• The clinical team must notify EnableNSW if the equipment is no longer required<br>• A NSW Government Planning & Environment Electricity Rebate Form is completed: https://www.service.nsw.gov.au/transaction/apply-life-support-energy-rebate-retail-customers |