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Status	Review Date	Effective Date	Action
Revised	11/28/2018	06/29/2019	Independent Multispecialty Physician Panel (IMPP) review. Revised structure of BPAP with and without back-up rate feature criteria for patients with established central sleep apnea (CSA). Removed the criteria to try rate support for CSA.
Revised	07/11/2018	03/09/2019	IMPP review. Added the General Clinical Guideline.
Revised	04/12/2018	01/27/2019	Removed HCPCS code A7040 and references to the ApniCure Winx device, which is no longer available.
Revised	09/07/2017	11/20/2017	IMPP review. Added requirements of documentation for conditions supporting a diagnosis of periodic limb movement disorder, and for BPAP without backup rate has been attempted but has not successfully treated episodes of desaturation. Amended use of BPAP in patients with CSA and reduced left ventricular function to apply only to BPAP when used in ASV mode. Added obesity hypoventilation syndrome as contraindication to APAP.
Created	05/04/2012	07/01/2012	Original effective date.

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