Government Of Rajasthan
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No.: F.1 (240)RGHS//2021-22/ 1152

Date: 20-06-2022

OFFICE MEMORANDUM

Sub:- Provision of CPAP/BIPAP, in respect of RGHS beneficiaries for domiciliary use–
Grant of permission/ ex-post facto approval and reimbursement of the cost of the same

It is stated that the Office of Rajasthan Government Health Scheme (RGHS) has been receiving requests from RGHS beneficiaries for permission to purchase BIPAP/CPAP as prescribed by the specialist doctors and the claim reimbursement of the cost of above said machines for domiciliary use.

With reference to CGHS Office Memorandum No. S. 11011/4/2014-CGHS dated 5th March, 2014 and subsequent order dated 3rd June, 2019 the following guidelines have been framed for grant of permission for BIPAP/CPAP by RGHS beneficiaries and regulating reimbursement of cost of such machines to the RGHS cardholders. These machines are allowed to be purchased once in life-time with the condition that the responsibility and maintenance of the said machine would lie with the beneficiary as per the Office memorandum no.24-26/96/R&H/CGHS/Part I/CGHS (P) dated 26th June, 2001

I. Request of the beneficiaries should be accompanied with the relevant pro forma prescribed by RGHS for the machine duly filled up by the treating physician (specimen copy of pro forma attached). The treating physician should carefully read the laid down guidelines before filling up the respective columns of the pro forma, actual value of all the parameters mentioned in pro forma should invariably be entered and complete basic investigation reports must be attached.

   A. Detailed in lab-level-1 poly sonography report (including all the tracings and tables) in case of recommendation for CPAP and BIPAP.

II. As these machines are lifesaving devices and have a maximum life of five years, these will be allowed to be replaced again after a period of five years subject to a certificate by the service engineer regarding the on-serviceability/ condemnation/ of the earlier machine provided by RGHS.

III. The machine is to be deposited back to the office of RGHS and the machine will not be re-issued to another patient by RGHS. The office will maintain complete records of such machines.

IV. Individual requests for permission/ex-post facto approval shall be considered by the screening committee consisting of :-

Project Director, RGHS	**Chairman**
Specialist pertaining to Respiratory/ Pulmonary diseases/Medicines Govt. Hospital	**Member**
Joint Project Director (Claim Unit)	**Member**
Joint Project Director (Administration)	**Member**

V. The maximum ceiling limit for reimbursement will be as following :-

(a) CPAP	Rs.45,000/- + GST
(b) BIPAP (earlier Bi-level CPAP)	Rs.68,000/- + GST

The above ceiling limits include cost of maintenance with spare parts for a period of five years.No request for reimbursement of cost of maintenance/parts will be entertained.

VI. Request for replacement of machine after completion of five years will need to be advised and processed in the same manner as for the first machine.

VII. Request for permission/ex-post facto approval of these machines, complete in all respect as mentioned above may be sent to :-

PROJECT Director, RGHS
2nd Floor, D-Block, Vitt Bhawan. Janpath,Jaipur-302005

VIII. The guidelines & instructions shall take effect from the date of issue of this Office Memorandum i.e. all requests under this OM should have advice for these machines subsequent to the issue of this OM.

Encl : As above.

Project Director,
RGHS, Jaipur

No.: F.1 (240)RGHS//2021-22/ 1153 - 1170 Date: 20-06-2022

Copy to following for information and necessary action: -

1. PS To Principal Secretary Finance, Rajasthan.
2. PS To Special Secretary Finance, Rajasthan.
3. PS To Joint Secretary Finance (Rules), Rajasthan.
4. PS To Joint Secretary Finance (Insurance), Rajasthan.
5. PS To Director, State Insurance & Provident Fund Department, Rajasthan.
6. PS To Director, Pension & Pensioner's Welfare Department, Rajasthan.
7. PS To Director, Treasuries & Accounts Department, Rajasthan.
8. All Heads of the Departments.
9. Additional Director, State Insurance & Provident Fund Department, All Divisions, Rajasthan.
10. System Analylsit, State Insurance & Provident Fund Department, Rajasthan To Upload SI&PF Website.
11. Joint/Deputy/Assitant Director, State Insurance & Provident Fund Department, All Districts, Rajasthan.
12. Manager, MD India Health Insurance TPA.
13. All Government Hospitals (Deemed Empaneled)
14. All RGHS Empaneled Private Hospitals.
15. All Confed Stores, Rajasthan.
16. All RGHS Empaneled Private Pharma Stores.
17. Assistant Programmer, Rajasthan Government Health Scheme, Jaipur To Upload On RGHS Website.
18. Guard File

Project Director,
RGHS, Jaipur

CERTIFICATE OF MEDICAL NECESSITY TO BE ISSUED TO RGHS BENEFICIARIES BEING PRESCRIBED CPAP / BIPAP (To be filled by the treating physician).

Certification type : Initial / Revised

1. Patient Name
2. Age of Patient
3. Physician Name
4. Address of physician
5. Telephone No. of Physician
6. (a) Brief history and physical findings

   (b) Co-morbidity (if any).

   (c) Whether accompanied by symptoms of

   Excessive daytime sleepiness : Yes/No

   Snoring : Yes/No

   Impaired cognition : Yes/No

   Documented cardiovascular disease like Hypetension, ischemic heart disease or Stroke (specify if Yes). : Yes/No

7. Laboratory data (specify date against each parameter) :
   i. Hematocrit
   ii. ECG
   iii. Blood Sugar (wherever necessary).
   iv. Lipid Profile (wherever necessary)
   v. Arterial blood gases.

Date
pH
$paCo_2$
paO_2
Hco_3 a
Hco_3 s
BE
O_2 sat

(Note : the Arterial blood gas values should include those during chronic, stable state (at least 3

months after an acute exacerbation) of the disease e.g. in a case of COPD, the ABG value during acute exacerbation generally demonstrates moderate to severe hypoxemia and hypercapnia which may normalise during stable state and therefore may not be an indication for long term NIPPV).

vi. X-ray Chest

vii. Echocardiography (wherever necessary)

viii. Pulmonary function tests

ix. Thyroid function tests.

x. Ear, nose and throat examination

xi. Others (specify).

8. Diagnostic nocturnal polysomnography (NPSG) data: Only whole night polysomnography (Level-1) including channels for sleep, breating, pulse oxymetry, Leg EMG, ECG, snoring will be accepted for consideration of CPAP/BIPAP.

(a) Date of sleep study.

(b) Address of Sleep Laboratory/facility

(c) Duration of diagnostic NPSG study (in hours)

(d) Parameters studied during polysomnography

Electro-encephlogram	Yes/No
Electro-oculogram	Yes/No
Electro-myogram	Yes/No
Oro-nasal airflow	Yes/No
Chest & abdominal wall effort	Yes/No
Body position	Yes/No
Snore microphone	Yes/No
Electro Cardiogram	Yes/No
Oxyhemoglobin saturation	Yes/No

(e) Average number of obstructive events per hours of recorded sleep (in case of standard as well as split NPSG).

(i) Obstructive apnoea.*

(ii) Hypopnea**

(iii) Flow Limitations***

(iv) RERA

(f) Respiratory Distress Index (RDI)****

9. Date of CPAP/BIPAP titration study.

10. BIPAP settings :

CPAP pressure (in cm H_2o)

prescribed (to abolish obstructive

aponeas, hypopneas, RERAs and

21/7/1

snoring in all sleep positions and

sleep stages)

11. Supplemental oxygen (flow rate or FiO2)

12. Final Diagnosis;- Recommended CPAP/BIPAP ventilatory support system

I certify that the medical necessity information is true, accurate and complete to the best of my knowledge. I have carefully gone through the note for prescribers before filling up this proforma.

Date : (Full Name, signature and address of Physician)

Note for prescribers (for diagnostic as well as for titration).

Only whole night manually validated Level-1 polysomnography including channels for sleep, breathing, pulse oxymetry, leg EMG, ECG, snoring & CPAP titration will be accepted for consideration of CPAP/ BIPAP. Screening studies such as Level III, Level IV (Cardio pulmonary sleep studies) shall not be acceptable. Auto titrated CPAP studies shall also not be acceptable.

Apneas Absence of airflow on the nasal cannula and <10% baseline fluctuations on the thermistor signal, lasting for > 10s.

Flow Limitation events : Any series of two or more breaths (lasting > 10s) that had a flattened or nonsinusoidal appearance on the inspiratory nasal cannula flow signal and ended abruptly with a return to breaths with sinusoidal shape.

Hypopneas American Academy of Sleep Medicine (AASM) hypopneas : As proposed by the AASM Task Force (10), these events include both flow Hypopneas and any flow limitation event associated with 3% desaturation or associated with an AASM arousal.

RERA (respiratory effort-related arousal) is defined as a event characterised by increasing respiratory effort for ≥ 10 seconds leading to arousal from sleep but which does not fulfill the criteria for hypopnoca or apnoea. A RERA is detected with nocturnal esophageal catheter pressure measurement, which demonstrates a pattern of progressive negative esophageal pressures terminated in a change in pressure to a less negative pressure level associated with an arousal.

Upper airway resistance syndrome (UARS) : Is an abnormal breathing pattern during sleep that is associated with isolated daytime sleepiness not explained by any othe cause, including the obstructive sleep apnoea/ hypopnea syndrome. Essential features include (a) the clinical complaint of excessive daytime sleepiness, (b) an elevated EEG arousal index (more than ten per hour of sleep) with arousals related to increased respiratory efforts as measured by continuous nocturnal monitoring of esophageal pressures; (c) a normal RDI of less than 5 events per hour of sleep. Supportive features include (a) the clinical complaint of shoring (b) an increase in snoring intensity prior to EEG arousals and (c) clinical improvement with a short term trial of nasal CPAP therapy.

Split-Night Study NPSG :-Patients with a RDI of > 40 events per hour during the first 2 hours of a diagnosti NPSG receive a split-night study NPSG, of which the final portion of the NPSG is used to titrateCPAP,split- night study may be considered for patients with RDI of 20-40 events per hour, based on clinical observations such as the occurrence of obstructive respiratory events with a prolonged duration or in associated with severe oxygen desaturation, a minimum of 3 hours of sleep is preferred to adequately titrate CPAP after this treatment is initiated; split-night studies require the recording and analysis of the same parameters as a standard diagnostic NPSG; on occasion, an additional full-night CPAP titration NPSG may be required if the split-night study did not allow for the abolishment of the vast majority of obstructive respiratory events or prescribed CPAP treatment does not control clinical symptoms.

CPAP treatment is indicated in the following situations :-

The treatment of obstructive sleep apnea (OSA) in adults is considered medically necessary for patients whomeet either of the following criteria on polysomnography :

1. Apnea Hypopnea Index (AHI) or a respiratory disturbance index (RDI) greater than or equal to 15events per hour OR

2. AHI (or RDI) greater than or equal to 5, and less than 15 events per hour with documentation demonstrating any of the following symptoms :

   - Excessive daytime sleepiness, as documented by either a score of greater than 10 on the Epworth Sleepiness scale or inappropriate daytime napping, (e.g., during driving, conversation or eating) or sleepiness that interferes with daily activities; or
   - Impaired recognition or mood disorders; or
   - Hypertension; or
   - Ischemic heart disease or history of stroke; or
   - Cardiac arrhythmias, or
   - Pulmonary hypertension.

The AHI is equal to the average number of episodes of apnea and hypopnea per hour and must be based on a minimum of two hours of sleep recorded by polysomnography using actual recorded hours of sleep, (i.e. the AHI may not be extrapolated or projected).

Note : For the purposes of this recommendation, the terms apnea hypopnea index (AHI) and respiratory disturbance index (RDI) are interchangeable, although they may differ slightly in clinical use, an AHI/RDI greater than 30 is consistent with severe obstructive sleep apnea. In some cases, respiratory effort related arousals (or RERAS) are included in the RDI value.

These RERA episodes represent EEG arousals associated with increased respiratory efforts but do not qualify as apnei or hypopneic episodes because of the absence of their defining air flow changes and/or levels of oxygen desaturation.

Bi-level CPAP - indicated in the following conditions:

Bi-level- CPAP is a device used mainly for severe cases of OSA

Bi-level- CPAP (with IPAP 4-22 cm water) and EPAP (4-22 cm WATER).

I. When CPAP pressure requirement is greater than 16 cm
II. Oral leaks become uncontrollable at sub therapeutic pressure after trying humidifier chin strap and positive pressure therapy.
III. Pressure of central apneas due to higher pressures.
IV. When patient can not tolerate CPAP after ensuring the problem is not due to oral leaks, dryness, nasal congestion, interface problem or claustrophobia.
V. Patients with persistent hypoxia and or hypercapnea after treatment with CPAP.