

Changes to the BPAP Benefit for Physicians and Clinicians

This bulletin outlines two changes to the AADL BPAP program that will be effective on July 1, 2015:

- ◆ Modification of the *Request for BPAP Funding for Adults with Neuromuscular, Musculoskeletal, or Spinal Cord Conditions* Form
- ◆ Implementation of the *Comprehensive Plan for BPAP Therapy* Form
- ◆ List of Revised BPAP Forms

Modification of the *Request for BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Conditions* Form

Effective July 1, 2015, the *Request for BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Conditions* form will be updated. This updated form is for clients (age 18 or older) who request BPAP funding for respiratory insufficiency caused by:

1. Rapidly progressive neuromuscular conditions, or
2. Stable or slowly progressive neuromuscular, musculoskeletal or spinal cord conditions.

The form update provides the details of the revised funding criteria for these two groups of clients after consulting with the members of RBP Clinical Advisory Committee (CAC).

To qualify for BPAP funding, adults with rapidly progressive neuromuscular conditions must meet one of the following criteria:

- a) Arterial blood gas obtained at rest with a $\text{PaCO}_2 \geq 45$ (attach copy),
- b) Pulmonary function test showing forced vital capacity $\leq 50\%$ predicted (attach copy with interpretation),
- c) Sniff nasal pressure $< 40 \text{ cmH}_2\text{O}$,
- d) $\text{PI max} < 40 \text{ cmH}_2\text{O}$,
- e) Persistent orthopnea, or
- f) Symptomatic nocturnal sleep disordered breathing defined by Level 1 sleep study showing nocturnal hypoventilation (i.e. increase in TcCO_2 by at least 10 mmHg) (attach histogram, summary and interpretation).



To qualify for BPAP funding, adults with stable or slowly progressive neuromuscular, musculoskeletal or spinal cord conditions must meet one of the following criteria while in a stable state:

- a) Arterial blood gas obtained at rest with a $\text{PaCO}_2 \geq 45$ (attach copy),
- b) Orthopnea with a drop in Vital Capacity (VC) of at least 20% in supine position versus sitting upright (attach copy), or
- c) Symptomatic nocturnal sleep disordered breathing defined by Level 1 sleep study showing nocturnal hypoventilation (i.e. increase in TcCO_2 by at least 10 mmHg)(attach histogram, summary and interpretation).

Implementation of the *Comprehensive Plan for BPAP Therapy Form*

Effective July 1, 2015, the *Comprehensive Plan for BPAP Therapy* form will be replacing the *BPAP Re-Assessment* form. This new form is completed if the BPAP provider is requesting a short term funding extension (e.g. after the initiation period) and when client has not achieved BPAP compliance of at least 4 hours per day for 70% of the time. The BPAP provider must fax this form **and** the *Request for BPAP Funding Extension* form to RBP for a funding extension request. This form was developed after consulting with the BPAP providers and RBP Consultants. It is agreed that it would be more beneficial for the BPAP providers to develop a plan to achieve compliance with input from the client's physician, clinician in the sleep clinic or other healthcare professionals.

Client or Individual for client's signature is required. If it is missing, the BPAP funding extension request will not be processed.

List of Revised BPAP Forms

As a result of the updates posted on the AADL Bulletin #23 and #24 for July 1, 2015, the following BPAP forms have been updated or created:

- 1) *BPAP Client's Roles and Responsibilities*
- 2) *Prescription and Request for BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Conditions*
- 3) *Prescription and Request for BPAP Funding for Adults with Sleep Disordered Breathing*
- 4) *Prescription and Request for BPAP Funding for Adults with Sleep Disordered Breathing (No PSG)*
- 5) *Prescription and Request for BPAP Funding for Pediatric Clients*
- 6) *Prescription and Request for BPAP Funding for Clients Requiring a Restart of BPAP Therapy*
- 7) *Request for BPAP Funding for Clients with BPAP Approved Prior to July 1, 2014*
- 8) *Prescription and Request for BPAP Funding for an Additional BPAP Device*
- 9) *Request for BPAP Funding Extension*
- 10) *Comprehensive Plan for BPAP Therapy (New Form)*

Please start using the new or revised BPAP forms on July 1, 2015. They can be accessed at the following link: <http://www.health.alberta.ca/services/AADL-forms-docs.html>