

Intermittent Positive Pressure Breathing (IPPB) Device


Coverage and Payment Policy

This service requires prior authorization and is continuously rented.

This device will be covered when specific clinical situations outlined below are documented and condition persists after trial of pharmacological and other conventional therapies.

Requesting prescriber must submit:

- A. Documentation of one of the following clinical conditions:
  - 1. Beneficiary is at risk of respiratory failure because of decreased respiratory function secondary to kyphosis or neuromuscular disorders.
  - 2. Beneficiary has documented severe bronchospasm or exacerbation of obstructive pulmonary disease (COPD) and has failed to respond to standard therapies.
  - 3. Beneficiary has atelectasis which has not responded to other therapies.
  
- B. Attestation by prescriber that condition persists after trial of standard therapies.

Approved by:  Associate Medical Director  
Jerry Fingerut, MD

Date: 15 April, 2015

Reviewed: \_\_\_\_\_

Revised: \_\_\_\_\_