



Medical Central Medical Policy

Policy Name: Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239

Effective Date: 06/01/2024

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Note: This policy is not scheduled for routine review of the scientific literature

Rental:

1. Initial rental of a CPAP or a BiPAP device, including auto-titrating CPAP (aka: Auto PAP; APAP) is **COVERED** for a **maximum rental period of three months** when ordered by a physician following documented sleep study analysis verifying a diagnosis of obstructive sleep apnea/hypopnea syndrome (OSAHS). The first three month's rental is considered the initial compliance period.
2. In month four it is required that the CPAP or BiPAP device be either:
 - a. Purchased (i.e., a final claim submission made for remainder of the purchase price, as applicable)
 - <OR>
 - b. Returned to the supplier (i.e., claims submission terminated).
3. At any time, The Health Plan reserves the right to conduct a medical record review for written verification of:
 - a. Diagnosis of OSAHS, and/or
 - b. Usage compliance, as defined below.

Purchase:

1. Purchase of a CPAP or BiPAP device may be made at any time prior to the fourth month.



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2. CPAP or BiPAP must be ordered by a physician following documented sleep study analysis verifying a diagnosis of obstructive sleep apnea/hypopnea syndrome (OSAHS).

Replacement:

1. Repair, replacement, or revision of a CPAP or BiPAP device is **COVERED** when made necessary by normal wear and use in accordance with the terms of the member's coverage document.
2. It is required that the replacement CPAP or BiPAP device be purchased (i.e., one claim submission made for the replacement purchase price).

ACCESSORIES:

1. Either a non-heated or a heated humidifier is **COVERED** when ordered by the treating physician for use with a covered CPAP or BiPAP machine.
2. Repair, replacement, or revision is **COVERED** when made necessary by normal wear and use in accordance with the terms of the member's coverage document.

SUPPLIES:

1. Supplies (e.g., face mask; chin strap; airway filters) required for continued proper and safe use of a CPAP or BiPAP device are **COVERED** under the terms of the member's coverage document.

CONVENIENCE ITEMS:

Items used in conjunction with a CPAP or BiPAP device primarily for convenience are generally considered **NOT COVERED** under the terms of the member's coverage document. Examples might include:

1. Duplicate portable/travel CPAP or BiPAP device
2. Battery back-up system
3. Travel plug adapter set

See also, related medical policies, *Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA)* and *Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea*

Description

Obstructive sleep apnea/hypopnea syndrome (OSAHS) is the result of blocked airflow during sleep, such as from narrowed airways, but ventilatory effort persists. Reduced upper airway space produces episodes of slow and/or shallow breathing (hypopnea) or interruptions in breathing (apnea) that lead to decreased blood oxygen saturation levels, sleep fragmentation, and daytime sleepiness. OSAHS is confirmed when a sleep study validates the presence of OSAHS as indicated by an apnea hypopnea index (AHI) or respiratory disturbance index (RDI) that is:

1. Greater than or equal to 15 events per hour, OR
2. Between five and 14 events per hour and is accompanied by documentation of at least one of the following:
 - a. Excessive daytime sleepiness
 - b. Impaired cognition
 - c. Mood disorder
 - d. Insomnia
 - e. Hypertension
 - f. Ischemic heart disease or coronary artery disease

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g. History of stroke.

A CPAP device supplies a constant flow of positive air pressure delivered through a blower and mask to keep airways open. An auto titration CPAP (APAP) machine has an algorithm built into the machine allowing it to differentiate when an individual is breathing normally and when breathing is compromised. The APAP can automatically adjust when needed to assure that an individual's airway remains open during sleep. CPAP and APAP units can be standard models or units that can be equipped with a humidifier, therapy tracking software, and/or off grid power options.

Standard BiPAP devices are intended for individuals who demonstrate difficulty when exhaling against the high pressure exerted by a CPAP device in order to keep an open airway during sleep. The term "bilevel" refers to the delivery of different levels of inspiratory and expiratory pressure to a patient who is breathing spontaneously, thus achieving a pattern similar to physiologic breathing. Air pressure is delivered via tubing and a noninvasive nasal or full-face mask.

Two types of standard BiPAP devices are available:

1. BiPAP without a backup rate delivers adjustable, variable levels of positive air pressure within a single respiratory cycle.
2. BiPAP with a backup rate delivers variable levels of positive air pressure using a timed backup feature that delivers pressure whenever an individual's spontaneous breathing is not sufficient. BiPAP devices with average volume assured pressure support (i.e., AVAPS) operate by automatically adapting pressure support to match the patient's breath-to-breath therapy needs by providing an average tidal volume (i.e., volume of air that is inhaled or exhaled in a single breath). Inspiratory pressure automatically changes in real time from one breath to another to support the preset tidal volume.

Treatment is intended to reduce or eliminate episodes of apnea and hypopnea when CPAP or BiPAP is used for adequate periods of time on a consistent basis. Usage compliance is routinely defined as greater than four hours of usage per night and 70% usage within a 30 day period (e.g., an average of five nights usage per week), although some individuals are able to display adequate clinical benefit from use when used consistently for shorter periods of time. Examples of common, demonstrable, positive effects of usage include one or more of the following:

1. Decreased sleepiness during normal waking hours
2. Improved memory function
3. Improved mood
4. Increased energy level
5. Increased reaction times
6. Reduced medication dosages (e.g., blood pressure or heart medications).
7. Renewed interests in work, hobbies and social activities.

FDA Approval

A number of CPAP, APAP, and BiPAP devices and accessories have received FDA approval. Examples of suppliers of multiple FDA-approved CPAP and BiPAP devices include:

1. DeVilbiss Healthcare (Somerset, PA)
2. Philips Respironics (Andover, MA)
3. ResMed (San Diego, CA)

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if



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criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

HCPCS Codes:

- **E0601** - Continuous airway pressure (CPAP) device
- **E0470** - BiPAP without back-up
- **E0471** – BiPAP with back-up

Original Effective Date: Created 06/14/2000

Re-Review Date(s): 02/14/2001, 06/12/2002, 11/12/2003, 03/10/2004, 04/12/2006, 10/11/2006, 06/11/2008, 11/12/2008, 11/11/2009, 06/09/2010, 06/16/2010, 07/21/2010, 04/17/2013, 07/17/2013, 09/17/2014, 07/15/2015, 02/17/2016, 03/16/2016, 05/17/2017, 06/21/2017, 06/21/2017, 07/19/2017, 08/15/2018, 03/20/2019, 06/19/2019, 11/20/2019, 08/19/2020, 10/21/2020, 10/20/2021, 01/19/2022, 11/16/2022, 03/15/2023, 05/17/2023, 09/20/2023, 05/15/2024

Administrative Update: 05/15/2024

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