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CPAP and BiPAP Devices

Adjudication Guideline

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Abstract

For Members

CPAP (continuous positive airway pressure) and BiPAP (Bilevel Positive Airway Pressure) devices are a machine that maintains pressurized air flowing through the airways of the throat in order to keep it open. The patient wears a face or nasal mask during sleep. This mask connects to a pump that delivers a positive current of air through the nose to maintain an open airway.

For Medical Professionals

CPAP (continuous positive airway pressure) and BiPAP (Bilevel Positive Airway Pressure) are non-invasive positive pressure devices that can be defined as a ventilation modality that supports breathing by delivering mechanically assisted breaths without the need for intubation or surgical airway.

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines:
NA

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Scope

The scope of this adjudication rule highlights the medical coverage of CPAP and BiPAP device for all health insurance plans administered by Daman subject to eligibility criteria.

Adjudication Policy

Eligibility / Coverage Criteria

- A. Non-invasive positive pressure ventilation, CPAP device may be indicated for the below following:
 1. Central Sleep Apnea.
 2. Obesity hypoventilation Syndrome with BMI greater than 30.
 3. Obstructive Sleep Apnea.

- B. Non-invasive positive pressure ventilation, BiPAP device may be indicated for the below following:
 1. Chronic Obstructive Pulmonary Disease.
 2. Obesity hypoventilation Syndrome with BMI greater than 30.
 3. End Stage Lung Diseases with respiratory failure in patients awaiting for lung transplant (e.g., chronic obstructive pulmonary disease, cystic fibrosis, idiopathic pulmonary fibrosis, and sarcoidosis).
 4. Respiratory Insufficiency/Failure may be with Kyphoscoliosis of thoracic spine or other chest wall deformity, neuromuscular disease (e.g., amyotrophic lateral sclerosis, myasthenia gravis, and polio).

- C. Eligible Clinician

Profession	Category
Internal Medicine	Pulmonary Disease
	Internal Medicine
	Internal Medicine/ Neurology
	Internal Medicine/ Pulmonary Disease
	Respiratory Medicine
	Internal Medicine / Pulmonary Disease / Critical Care Medicine
	Internal Medicine/ Critical Care Medicine
	Pulmonary Disease/ Critical Care Medicine
	Respiratory Medicine/ Critical Care Medicine
	Int. Med/Pulmonary and Sleep Medicine
Critical Care Medicine.	Critical Care Medicine.
Neurology	Neurology
	Neurology/Neuromuscular Medicine
	Pediatric Neurology/ Clinical Neurophysiology
Otolaryngology	Otolaryngology
Pediatrics	Pediatric Pulmonology
	Pediatrics/ Pulmonology

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Requirements for Coverage

- Devices require prior authorization
- ICD and CPT codes must be coded to the highest level of specificity.
- Coverage for CPAP and BiPAP device as per SOB
- Will be covered only for medical necessity.

Non-Coverage

- CPAP and BiPAP devices will not be covered for Basic and Visitors plan as per policy terms and conditions.
- No Loss and Damage Policy as per DME policy from DOH.

Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT.

Denial codes

Code description
Service is not clinically indicated based on good clinical practice
Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
Service /supply may be appropriate , but too frequent
Service(s) is (are) not covered
Payment is included in allowance for another service

Appendices

A. References

- <http://www.dynamed.com/topics/dmp~AN~T483077/Noninvasive-positive-pressure-ventilation-NPPV-in-adults>
- https://www.hopkinsmedicine.org/healthlibrary/test_procedures/neurological/bipap_135,314
- http://www.aetna.com/cpb/medical/data/400_499/0452.html
- <https://www.cpapwholesale.com/info/about-cpap>
- <https://careweb.careguidelines.com/ed22/index.html>
- <https://emedicine.medscape.com/article/295807-treatment>
- <https://www.sleepapnea.org/treat/cpap-therapy/care-and-replacement-of-cpap-equipment/>
- <https://oig.hhs.gov/oei/reports/oei-07-12-00250.pdf>
- <https://www.mdedge.com/ccjm/article/95224/pulmonology/noninvasive-positive-pressure-ventilation-stable-outpatients-cpap-and>
- <https://www.thoracic.org/patients/patient-resources/resources/cpap-for-osa.pdf>
- New Billing Price for HCPCS E0601: Continuous airway pressure (CPAP) Device and Accessories. Click here to download Daman's Circular

B. Revision History

Date	Change(s)
04/04/2019	Release of Version V1.0

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