

### Positive Airway Pressure (PAP) Devices

Continuous Positive Airway Pressure (CPAP) therapy utilizes equipment to deliver a constant level of positive air pressure into the throat to prevent the collapse of the airway during inhalation. This is done by tubing and a noninvasive interface such as nasal, oral or face mask.

Bi-level Positive Airway Pressure (BiPAP) therapy delivers adjustable, variable levels within a single respiratory cycle of positive air pressure by way of tubing and a noninvasive interface to assist spontaneous respiratory efforts and supplement the volume of inspired air.

A CPAP will be covered for beneficiaries who meet the following criteria:

- Diagnosis of Obstructive Sleep Apnea (OSA)
- Accredited facility based polysomnogram that meets the following criteria:
  - a. Apnea-Hypoxia Index (AHI) or Respiratory Disturbance Index (RDI) is greater than or equal to 15 events per hour; or
  - b. AHI or RDI between 5 to 14 events per hour with documented:
    - i. Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; or
    - ii. Hypertension, ischemic heart disease, or history of stroke.

A BiPAP will be covered for beneficiaries who meet criteria listed above and who in addition have documentation from the treating physician of one of the following:

- Unsuccessful 3 month trial on a CPAP device
- Beneficiary is unable to tolerate CPAP

Documentation must include a facility based polysomnogram with minimum two hour duration without use of a CPAP or BiPAP device.

#### Coverage and Payment Policy

CPAP and BiPAP require prior authorization. Payment for the rental of Positive Airway Pressure Devices includes payment for the provision of all necessary accessories; i.e., mask tubing or cannula. Separate charges for replacement of masks, tubing or cannula, or for respiratory equipment maintenance services, are not covered since they are included in the rental payment for CPAP/BiPAP.

Initial Approval:

- Initial approval is for a period of three months.

9/14

- BiPAP and CPAP devices are approved for rental only.

Renewal Approval:

- Renewal approval requires that between day 31 and day 90 of device use the treating physician shall determine that the beneficiary is continuing to use the device; and
- The treating physician must attest to the continued need for the device. A repeat polysomnogram is not required.
- Renewal approval may be requested up to 10 months. At the end of the 10<sup>th</sup> month, the equipment will be considered purchased and no further monthly billing shall occur.

Replacement:

- If the PAP device is replaced because of loss, theft, or irreparable damage due to a specific incident, there must be a face to face evaluation by the treating physician that documents the continued need and use of the device. A repeat polysomnogram may be required if there have been significant changes in clinical diagnosis.

Approved by:



Associate Medical Director

Jerry Fingerut, MD

Date: 17 September 2014

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

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