

**Policy terminated because coverage is provided under
NCHC Durable Medical Equipment and Supplies**

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1.0 Description of the Procedure, Product, or Service

Nasal CPAP, BIPAP, and DPAP are used for the treatment of obstructive sleep apnea (OSA). Each device allows the recipient to receive oxygen through positive air pressure.

CPAP (Continuous Positive Airway Pressure) applies positive airway pressure through the nose by means of a mask in order to keep the upper airway open.

BIPAP (Bilevel Positive Airway Pressure) provides two levels of positive pressure which augments the recipient's ventilation, and responds to changes in the recipient's breathing. It is normally instituted after an adequate trial of CPAP has been proven ineffective and BIPAP has been shown to be more effective in the sleep lab.

DPAP (Demand Positive Airway) responds to the recipient's changing oxygen demands based on an analysis of each individual breath. It is normally instituted after a trial of CPAP or BIPAP have been proven ineffective and DPAP has been shown to be more effective in the sleep lab.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

- a. NCHC covers Nasal CPAP, BIPAP, and DPAP when ALL of the following criteria are met:
 1. Recipient has clinically significant obstructive sleep apnea (OSA) as documented by either of the following:
 - (a) An AHI > 15 documented by supervised polysomnography; **OR**
 - (b) An AHI between 5 and 14 documented by supervised polysomnography with any of the following associated symptoms*:

- (i.) Excessive daytime sleepiness (as evidence by a pre-testing Epworth score of greater than 10 or other evidence);
- (ii.) Impaired cognition;
- (iii.) Mood disorders;
- (iv.) Insomnia;
- (v.) Documented hypertension;
- (vi.) Ischemic heart disease; **OR**
- (vii.) History of stroke.

*The presence of conditions in (i) - (vii) above must be documented in the medical record and must be of clinical significance.

- 2. Proven trial of nasal CPAP, BIPAP, DPAP with results showing a significant decrease in the recipient's AHI or RDI and an improvement in sleep quality. (**Note:** A split-night study, in which OSA is documented during the first half of the study using polysomnography followed by CPAP during the second half of the study, may eliminate the need for a second study to titrate CPAP, and is encouraged when clinically appropriate).
- 3. Documentation of the recipient's ability to tolerate continual application of a CPAP, BIPAP, or DPAP mask.
- 4. For nasal BIPAP and DPAP, **BOTH** of the following additional criteria must apply:
 - (a) Documentation demonstrating that the recipient failed a prior trial of CPAP; **AND**
 - (b) Documentation demonstrating that BIPAP/DPAP was more effective or better tolerated in the sleep lab.
- b. CPAP, BiPAP, or DPAP for respiratory insufficiency in recipients with diagnoses other than OSA (e.g., COPD or progressive muscular degeneration diseases) shall be reviewed on an individual consideration basis.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

NCHC does not cover CPAP, BIPAP, and DPAP when:

- a. the recipient has not been diagnosed with clinically significant obstructive sleep apnea(OSA). On an individual consideration basis, benefits may be considered for respiratory insufficiency in recipients with a diagnosis other than OSA (i.e., progressive muscular degenerative diseases). Refer to **Subsection 3.2.b**.
- b. the provider has not provided documentation showing that the recipient failed a trial of CPAP or that BiPAP or DPAP was more effective or better tolerated in the sleep lab.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

- a. Prior approval is not required for CPAP
- b. Prior approval is required for BIPAP and DPAP
- c. A letter of medical necessity, signed and dated by the physician, is required prior to rendering the service.
- d. Written documentation must include:
 1. Recipient Demographics, name, address, ID, date of birth, etc.
 2. Recipient's diagnosis
 3. Sleep study results, including oxygen saturation levels, and number, duration, and time span of sleep disturbances
 4. Trial results of nasal CPAP, BIPAP, or DPAP indicating apnea-hypopnea or respiratory disturbance index and oxygen saturation levels
 5. Indication of recipient's ability to tolerate mask
 6. Documentation showing that the recipient failed a trial of CPAP or that BIPAP or DPAP was more effective or better tolerated in the sleep lab.

5.2 Limitations

- a. Rental price of CPAP, BIPAP, or DPAP may not exceed purchase price.
- b. Routine maintenance of CPAP, BIPAP, and DPAP devices is limited to no more than once every six months. The maintenance schedule includes one comprehensive fee for:
 1. a respiratory technician (scope of technician services limited to equipment checks);
 2. all equipment maintenance, repair and/or equipment replacement as necessary; **AND**
 3. supplies (i.e., mask, tubing, and cannula).

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.
<u>October 31, 2011</u>	<u>Throughout</u>	<u>Policy Termination. Coverage for this policy is provided by NCHC policy 2011.09, Medical Equipment and Supplies.</u>

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

Claim Type

Professional (CMS-1500/837P transaction)

A. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

The diagnosis code to be used for CPAP, BiPAP, and DPAP is: 327.23.

B. Procedure Code(s)

CPT Code
94660

HCPCS Codes				
A4604	A7034	A7035	A7036	A7037
A7038	A7039	A7044	A7046	E0470
E0471	E0561	E0562	E0601	

C. Modifiers

Providers are required to follow applicable modifier guidelines.

D. Billing Units

The appropriate procedure code(s) used determines the billing unit(s)

E. Place of Service

Inpatient Hospital, Outpatient Hospital and Office

F. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

G. Reimbursement

Providers must bill their usual and customary charges.