



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Payment Policy POL-PP-116	
Subject: Continuous Positive Pressure Airway Pressure (CPAP) Durable Medical Equipment	
Effective Date: 10/1/2019	Committee Approval Obtained: 10/1/2019 Last Review: 10/1/2023 Next Review: 10/1/2024
<p>The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.bluekc.com/ContactUs/PaymentPolicies</p> <p>Provider Payment policies are written to provide an overview of coding and payment guidelines as they pertain to claims submitted to Blue KC. These guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers.</p> <p>Covered services and payment are based on the member's benefit plan and provider agreement. Providers and their office staff may use our online tools to verify effective dates and member copayments before providing services. Visit our providers page for information on member eligibility and benefits. Member liability may include, but is not limited to co-payments, deductibles, and co-insurance. Members' costs depend on member benefits.</p> <p>Certain services require prior authorization or referral.</p> <p>Blue KC reimburses health care providers based on your contracted rates and member benefits. Claims are subject to payment edits, which Blue KC updates regularly.</p>	
Policy	<p>Blue KC may reimburse contracted health care providers for covered durable medical equipment for CPAP therapy under the following circumstances.</p> <p>Clinical Indications Continuous positive airway pressure (CPAP) may be indicated for 1 or more of the following:</p> <ul style="list-style-type: none">▪ Central sleep apnea syndrome due to congestive heart failure in adult, and CPAP needed, as indicated by ALL of the following:<ul style="list-style-type: none">○ CPAP shown to be effective during sleep laboratory titration study, including reduction of apnea-hypopnea index below 15 per hour○ Inadequate response to aggressive medical management▪ Obesity hypoventilation syndrome and CPAP needed, as indicated by 1 or more of the following:<ul style="list-style-type: none">▪ Initial therapy, as indicated by ALL of the following:<ul style="list-style-type: none">○ BMI greater than 30

	<ul style="list-style-type: none"> ○ Daytime hypercapnia with PaCO₂ greater than 45mm HG (6.0kPa) without etiology (eg, kyphoscoliosis, lung parenchymal disease, myopathy, severe hypothyroidism) ○ Sleep-disordered breathing or hypoventilation on polysomnography, as indicated by 1 or more of the following: <ul style="list-style-type: none"> ▪ Apnea-hypopnea index of 5 or greater ▪ Increase in PaCO₂ during sleep by more than 10MM HG (1.3kPa) above valuer while awake ▪ Significant oxygen desaturation (i.e., less than 90%) not explained by obstructive apneas or hypopneas ▪ TSH level does not demonstrate hypothyroidism ○ Subsequent therapy, with annual provider assessment of adherence and effectiveness performed (eg, symptom resolution, tolerance of expiratory pressure, device usage) and potential barriers to adherence or effectiveness addressed • Obstructive sleep apnea, and CPAP needed, as indicated by 1 or more of the following: <ul style="list-style-type: none"> ○ Initial therapy, as indicated by 1 or more of the following <ul style="list-style-type: none"> ▪ Adult or adolescent and 1 or more of the following: <ul style="list-style-type: none"> ▪ Mild obstructive sleep apnea (i.e., apnea-hypopnea index or respiratory disturbance index between 5 and less than 15, determined with polysomnography using adult scoring rules) and 1 or more of the following: <ul style="list-style-type: none"> ▪ Cardiovascular disease has been documented (eg, hypertension, ischemic heart disease, heart failure, stroke) ▪ Excessive daytime sleepiness ▪ Fibromyalgia-like symptoms ▪ Headaches upon awakening ▪ Heartburn and reflux ▪ Impaired cognition ▪ Mood disorder ▪ Night sweats ▪ Nocturia or nocturnal enuresis ▪ Observed apnea or choking episodes ▪ Patient is commercial vehicle driver ▪ Snoring
--	---

	<ul style="list-style-type: none"> ▪ Moderate or severe obstructive sleep apnea (i.e., apnea-hypopnea index or respiratory disturbance index 15 or greater, determined with polysomnography using scoring rules) ▪ Upper airway resistance syndrome and unexplained excessive daytime sleepiness <ul style="list-style-type: none"> • Child younger than 13 years of age and 1 or more of the following: <ul style="list-style-type: none"> ○ Mild obstructive sleep apnea (i.e., apnea-hypopnea index from 1 to 5, determined with polysomnography using pediatric scoring rules) and 1 or more of the following: <ul style="list-style-type: none"> ▪ Achondroplasia ▪ Behavior problems ▪ Cardiovascular disease (eg, elevated blood pressure, pulmonary hypertension) ▪ Chiari Malformations ▪ Craniofacial abnormalities ▪ Down syndrome ▪ Excessive daytime sleepiness ▪ Impaired cognition ▪ Inattention or hyperactivity ▪ Mucopolysaccharidoses ▪ Neuromuscular disorders ▪ Prader-Willi syndrome ▪ Moderate or severe obstructive sleep apnea (i.e., apnea-hypopnea index greater than 5 using pediatric scoring rules) ▪ Residual apnea-hypopnea index greater than 5 in pediatric patient after adenotonsillectomy • Subsequent therapy, with annual provider assessment of adherence and effectiveness performed (e.g., symptom resolution, tolerance of expiratory) <p>CPT 94660 applies to initial evaluation or application of continuous positive airway pressure for ventilation assistance with positive pressure during inspiration and exhalation.</p> <p>Add modifier RR when DME is rented.</p>
--	---

	<p>When DME is rented, Blue KC members will receive credit for a rental month/s even when part of the rental period was before the member had BlueKC coverage.</p> <p>Blue KC does apply coverage limits to the quantity and frequency of CPAP DME supplies.</p>
History	<p>Approval Date: 10/1/2019</p> <p>Effective Date: 10/1/2019</p>
Review	<p>10/1/2020 Annual review, clinical indications updated to Milliman Care Guidelines 3/1/2021 Added; When DME is rented, Blue KC members will receive credit for a rental month/s even when part of the rental period was before the member had Blue KC coverage.</p> <p>10/1/2021 – Removed table of MUE amounts</p> <p>10/1/2022 – Annual Review, there were no changes made.</p> <p>10/1/2023 – Annual review, there were no changes made.</p>
References and Research Materials	<p>Milliman Care Guidelines</p> <p>NCCI Policy Manual</p>
Related Policies	<p>POL.PP.195 Durable Medical Equipment</p>

This document is for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical Technology is constantly changing, and Blue KC reserves the right to review and update policies as needed.