



REIMBURSEMENT POLICY STATEMENT KENTUCKY MARKETPLACE PLANS

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Policy Name		Policy Number	Effective Date
Positive Airway Pressure Devices for Pulmonary Disorders		PY-0853	03/01/2020-04/30/2021
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. Subject

Positive Airway Pressure Devices for Pulmonary Disorders

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

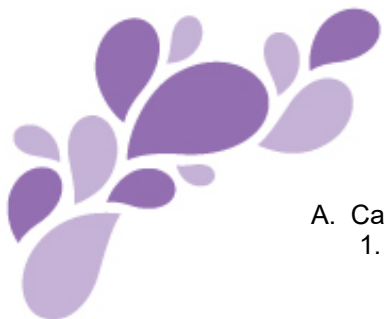
Positive airway pressure (PAP) devices, involve using a machine that includes a mask or other device that fits over the nose and/or mouth to provide positive pressure to keep breathing airways open. Continuous positive airway pressure or CPAP is used to treat sleep-related breathing disorders including sleep apnea. It also may be used to treat preterm infants who have underdeveloped lungs. Bi-level or two level positive airway pressure or BiPAP is used to treat lung disorders such as chronic obstructive pulmonary disease (COPD). While CPAP delivers a single pressure, BiPAP delivers positive pressure both on inhalation and exhalation. PAP can provide better sleep quality, reduction or elimination of snoring, and less daytime sleepiness. The PAP machines should always be used according to the physician's order as well as every time during sleep at home, while traveling, and during naps in order to produce the most effective outcome.

C. Definitions

- **Adherence** - is defined as the use of a PAP device for 4 or more hours per night on 70% of nights during a consecutive 30-day period anytime during the first 3 months of initial usage.
- **Medically necessary** – health products, supplies or services that are necessary for the diagnosis or treatment of disease, illness, or injury and meet accepted guidelines of medical practice.

D. Policy

- I. CareSource requires a prior authorization for PAP machines (CPAP/BiPAP).
 - A. CPAP (E0601) and BiPAP (E0470, E0471 and E0472) machines are a 13 month rent to purchase. CareSource prior authorizations are for 3 months initial rental for PAP machines.
 - B. After initial 3 months rental, providers must submit documentation for continued rental that shows the member's adherence with the use of the PAP machine during the first 3 months of use. Prior authorization may be obtain for the remaining rental period (months 4-13).
 - C. CareSource follows Centers for Medicare & Medicaid Services (CMS) guidelines for Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea for medical necessity determination.
- II. Providers that dispense the PAP machine must ensure and document the member's adherence with its use.



- A. CareSource considers adherence with the use of PAP as the following:
 1. In accordance with the Centers for Medicare & Medicaid Services (CMS) guidelines, adherence is defined as the use of a PAP device for 4 or more hours per night on 70% of nights during a consecutive 30-day period anytime during the first 3 months of initial usage.
 2. If there is a discontinuation of use at any time, the PAP supplier is expected to ascertain adherence and stop billing for the equipment, related accessories and supplies.

III. When lack of adherence of a PAP machine is confirmed, further rental and provider's claims will be denied.

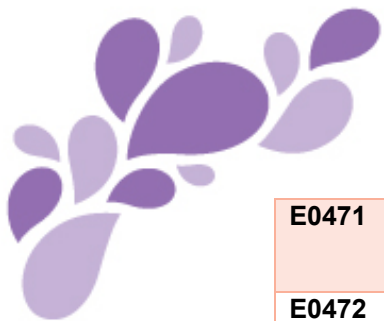
- A. Any reimbursement, for the PAP machine, that was dispensed during the time of non-adherence will be recouped by CareSource.
- B. Any reimbursement, for the supplies, that were dispensed during the time of non-adherence will be recouped by CareSource.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting Centers for Medicare & Medicaid Services (CMS) approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the CMS fee schedule for appropriate codes.

- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.**

CPT Code	Description
A4604	Tubing with integrated heating element for use with positive airway pressure device
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028	Oral cushion for combination oral/nasal mask, replacement only, each
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
A7030	Full face mask used with positive airway pressure device, each
A7031	Face mask interface, replacement for full face mask, each
A7032	Cushion for use on nasal mask interface, replacement only, each
A7033	Pillow for use on nasal cannula type interface, replacement only, pair
A7034	Headgear used with positive airway pressure device
A7035	Headgear used with positive airway pressure device
A7036	Chinstrap used with positive airway pressure device
A7037	Tubing used with positive airway pressure device
A7038	Filter, disposable, used with positive airway pressure device
A7039	Filter, nondisposable, used with positive airway pressure device
A7044	Oral interface used with positive airway pressure device, each
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)



E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
E0561	Humidifier, nonheated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
E0601	Continuous positive airway pressure (CPAP) device
Modifiers	Description
RR	Rental (use the "RR" modifier when DME is to be rented)
NU	New equipment (use the "NU" modifier when DME is purchased)

F. Related Policies/Rules

N/A

G. Review/Revision History

DATE		ACTION
Date Issued	03/01/2020	New Policy
Date Revised		
Date Effective	03/01/2020	
Date Archived	04/30/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. CPAP - NHLBI, NIH. (2019, July 29). Retrieved 7/29/19 from <https://www.nhlbi.nih.gov/health-topics/cpap>.
2. DME19-A. (2019, February 5). Retrieved 7/29/19 from <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule-Items/DME19-A.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>
3. Local Coverage Determination (LCD) for Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718) (2019, January 1). Retrieved 7/29/19 from [https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33718&ver=16&SearchType=Advanced&CoverageSelection=Local&ArticleType=SAD%7cEd&PolicyType=Both&s=42&Keyword=Positive+Airway+Pressure+\(PAP\)+Devices+for+the+Treatment+of+Obstructive+Sleep+Apnea&KeywordLookup=Title&KeywordSearchType=Exact&kq=true&bc=IAAAACAAAAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33718&ver=16&SearchType=Advanced&CoverageSelection=Local&ArticleType=SAD%7cEd&PolicyType=Both&s=42&Keyword=Positive+Airway+Pressure+(PAP)+Devices+for+the+Treatment+of+Obstructive+Sleep+Apnea&KeywordLookup=Title&KeywordSearchType=Exact&kq=true&bc=IAAAACAAAAAA&)
4. Medically Necessary. (2019, July 29). Retrieved 7/29/19 from <https://www.healthcare.gov/glossary/medically-necessary/>.

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.