

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

CPAP/BiPAP Disposable Accessories Limits

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	7/5/2011	Policy Last Updated:	7/5/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

NOTE: The effective date of this policy reflects the date that BCBSRI documented a long-standing reimbursement policy. The information in this policy does not indicate a change in the way that BCBSRI covers/reimburses the services/procedures described in this policy.

This policy documents the number of disposable CPAP/BiPAP accessories that a member may receive and does not address medical necessity for the devices. Blue Cross & Blue Shield of Rhode Island (BCBSRI) follows the Centers for Medicare and Medicaid (CMS) guidelines for limits.

Description:

Non-invasive positive-pressure ventilation (NPPV) provides ventilation without the need for intubation or tracheostomy. NPPV is delivered via a nasal or face mask and may be given by a volume ventilator, pressure-controlled ventilator, bilevel positive airway pressure (BiPAP) device, or a continuous positive airway pressure (CPAP) device. NPPV decreases the effort required to breathe, thereby improving ventilation while resting the respiratory musculature.

NPPV may be used in the treatment of sleep apnea, upper airway resistance syndrome, restrictive lung disorders including neuromuscular disorders, and respiratory disorders such as chronic obstructive pulmonary disease (COPD), pulmonary edema, and acute respiratory failure.

Medical Criteria

Not applicable

Policy

Disposable Accessories associated with respiratory assist devices (CPAP/BiPAP) are included in the initial rental allowance and are not separately billable at the time of the initial rental. Accessories include, but are not limited to:

- instructions for use of device
 - tubing
 - carrying case
 - power cord
 - nasal ventilation shell
 - disposable screw driver
 - swivel whisper
 - head/chin gear
 - mask
 - filter/inlet
 - nasal pillow
 - non-heated or heated humidifier
 - humidifier water chamber
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- Any accessories, including masks, that require replacement during the **first 30 days** of the rental period are included in the first month's rental (not separately reimbursed).
 - Replacement accessories **after the first 30 days** are subject to DME copays as determined by the member's DME benefit. BCBSRI follows the Centers for Medicare and Medicaid (CMS) guidelines for limiting the usual maximum amount of accessories that are expected to be reasonable and necessary.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate benefit booklet, or subscriber agreement for the applicable durable medical equipment benefits/coverage.

Coding:

Devices

E0601 Continuous airway pressure (CPAP) device

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)

Accessories

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 Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
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, non disposable, 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
E0561 Humidifier, non-heated, used with positive airway pressure device
E0562 Humidifier, heated, used with positive airway pressure device

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This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.