

Noninvasive Positive Pressure Ventilation

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates, who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Summary

Noninvasive Positive Pressure Ventilation (NPPV) may be used to treat a number of conditions, including sleep-related breathing disorders and chronic lung disease. Sleep-related breathing disorders, such as obstructive sleep apnea, are conditions in which abnormal breathing events during sleep are associated with negative impacts on a person's health. Chronic lung diseases, such as chronic obstructive pulmonary disease (COPD), affect the ability of a person to breathe oxygen and other important gases into and out of the body. When needed to treat these conditions, NPPV is accomplished by using Positive Airway Pressure (PAP) devices. PAP devices are non-invasive and improve oxygenation and gas exchange in the lungs by producing airflow through oral, nasal, or combination oronasal masks.

Prior to initiation of PAP therapy, a sleep study (e.g. home sleep test, polysomnography) and/or appropriate lung testing (e.g. arterial blood gas, pulmonary function testing) is required to confirm the diagnosis, level of severity, and most appropriate treatment. The device must also be prescribed by a licensed practitioner or board-certified sleep specialist.

Definitions

"Sleep-Related Breathing Disorders" are conditions in which abnormal breathing events during sleep are associated with negative impacts on a person's health. They include:

1. Obstructive Sleep Apnea (OSA)

2. Central Sleep Apnea (CSA)
3. Mixed Sleep Apnea - combination of both OSA and CSA
4. Cheyne-Stokes respirations
5. Sleep-Related Hypoventilation Syndrome (SRHS)

“Sleep-Study Testing” is a diagnostic test that is used to diagnose sleep-related disorders by recording a person’s brain waves, blood oxygen levels, heart rate and breathing during sleep. Two types of sleep-study tests are recognized in the diagnosis of sleep disordered breathing:

1. **“Unattended (Home) Polysomnography (PSG)”** is a portable sleep study that can be done at home without the need for a technician on-site
2. **“Attended (Facility or Laboratory) Nocturnal Polysomnography”** is a test performed overnight in a sleep lab or facility that is administered and overseen by a technician

“Apnea-Hypopnea Index (AHI)” is the number of apneas and hypopneas per hour of sleep recorded during a sleep study. The AHI is commonly used to determine the severity of sleep apnea.

“Respiratory Disturbance Index (RDI)” is the number of apneas, hypopneas and respiratory effort-related arousals (RERAs) per hour of sleep recorded during a sleep study.

“Pulmonary Function Testing” is non-invasive testing that measures lung capacity, airflow and chest wall mechanics.

“Positive Airway Pressure Devices” are non-invasive equipment that assist in ventilation by delivering variable pressures of airflow during inspiration and expiration via an oral, nasal, or oronasal mask. They include:

1. Bi-level Positive Airway Pressure Devices (BiPAP)
2. Continuous Positive Airway Pressure (CPAP)
3. Adaptive Servo-Ventilation devices (ASV-BIPAP)

Clinical Criteria and Coverage

Continuous Positive Airway Pressure (CPAP) / Bi-level Positive Airway Pressure Devices (BiPAP - spontaneous mode, spontaneous/timed mode)

Oscar covers CPAP or BiPAP devices provided by a network (durable medical equipment) DME provider if the following criteria are met:

1. Initiation of Therapy or Short-Term Therapy (up to 3 months)
 - a. Prescription from treating licensed physician; **and**

- b. Meets the diagnostic and severity criteria for a sleep-related breathing disorder or other pulmonary disease as outlined in MCG criteria A-0431 (Noninvasive Positive Pressure Ventilation (CPAP, BiPAP)).
2. Authorization for purchase or Long-Term Therapy (3+ months)
 - a. Documented symptom and/or AHI/RDI improvement with PAP therapy; **and**
 - b. Documented follow up with prescribing provider within 90 days of initiation; **and**
 - c. Documented compliance with use of PAP device, defined as usage on at least 70% of nights for an average of 4 hours per 24 hour period during a period of 30 consecutive days during the first 90 days after initiation.
3. Replacement device
 - a. Device is consistently used on at least 70% of nights for an average of 4 hours per 24 hour period; **and**
 - b. Device is not functioning appropriately; **and**
 - c. Device has been evaluated by the supplying DME provider and has been deemed unable to be repaired; **and**
 - d. The device is no longer covered under the manufacturer's warranty.

Note: Replacement due to misuse or abuse is **NOT** covered.

Covered PAP Treatment Supplies

Oscar covers the following PAP treatment supplies when:

1. They are provided by a network DME provider; **and**
2. Ordered via signed prescription by licensed treating physician dated within one year of request; **and**
3. Either a CPAP or BiPAP device has been approved based on the criteria above.

Masks

Oscar considers **ONE** of the three mask types below medically necessary for a given member. In cases where a member is unable to tolerate the initially provided mask type, coverage for an alternative mask type will be considered provided documentation is submitted supporting the member is compliant with the PAP device, but unable to tolerate the mask type.

- Combination oral/nasal mask (A7027) - 1 per 3 months
 - Oral cushion used with combination oral/nasal mask (A7028) - 2 per month
 - Nasal pillows used with combination oral/nasal mask (A7029) - 2 per month
- Full face mask (A7030) - 1 per 3 months
 - Full face mask interface replacement (A7031)- 2 per month
- Nasal interface (mask or cannula type) (A7034) - 1 per 3 months

- Cushion for nasal mask interface (A7032) - 2 per month
- Nasal pillow for nasal cannula interface (A7033) - 2 per month
- Oral interface (A7044) - 1 per 6 months

Tubing

Oscar considers **ONE** of the following tubing types below medically necessary for a given member.

- Tubing with integrated heating element (A4604) - 1 per 3 months
- Tubing used with PAP devices (A7037) - 1 per 3 months

Filters

Oscar considers the following filter types below medically necessary for a given member.

- Disposable filter (A7038) - 2 per month
- Non-disposable filter (A7039) - 1 per 6 months

Heated (E0562) and Non-heated (E0561) Humidifier

- Covered if no previous humidifier has been provided

Other PAP Equipment

- Headgear (A7035) - 1 per 6 months
- Chinstrap (A7036) - 1 per 6 months
- Exhalation port with or without swivel (A7045) - 1 per 6 months
- Water chamber for humidifier (A7046) - 1 per 6 months

Coverage Exclusions

The following items are considered comfort or convenience items, are available over-the-counter, or are considered not medically necessary:

- Non-PAP related home humidifiers
- Positive airway pressure bed pillows
- Batteries for positive airway pressure devices
- DC adapters for positive airway pressure devices
- Use of the miscellaneous durable medical equipment code (HCPCS code E1399)
- Cleaning equipment for automatic or manual cleaning of interfaces, tubing, or other related supplies

Applicable Billing Codes (HCPCS/CPT Codes)

Codes covered if clinical criteria are met:

<i>Code</i>	<i>Description</i>
94002 - 94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management
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
E0470	Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask

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 back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
E0561	Humidifier, non-heated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
E0601	Continuous positive airway pressure (CPAP) device

Codes **not covered** for indications listed in this Guideline:

Code	Description
E1399	Durable medical equipment, miscellaneous

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Clinical Guideline Revision / History Information

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