

# CPAP and BiPAP Devices

## Adjudication Guideline

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Medical

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## 1. Abstract

### 1.1 For Members

CPAP (continuous positive airway pressure) and BiPAP (Bilevel Positive Airway Pressure) device are machines that maintains pressurized air flowing through the airways of the throat to keep it open. The patient wears a face or nasal mask during sleep. This mask connects to a pump that delivers a positive current of air through the nose to maintain an open airway.

### 1.2 For Medical Professionals

CPAP (continuous positive airway pressure) and BiPAP (Bilevel Positive Airway Pressure) are non-invasive positive pressure devices that can be defined as a ventilation modality that supports breathing by delivering mechanically assisted breaths without the need for intubation or surgical airway.

## 2. Scope

The scope of this adjudication rule highlights the medical coverage of CPAP and BiPAP device for all health insurance plans administered by Daman subject to eligibility criteria.

## 3. Adjudication Policy

### 3.1 Eligibility / Coverage Criteria

Non-invasive positive pressure ventilation, CPAP device are indicated for the following:

1. Central Sleep Apnea.
2. Obesity Hypoventilation Syndrome with BMI greater than 30.
3. Obstructive Sleep Apnea.

Non-invasive positive pressure ventilation, BiPAP device are indicated for the following:

1. Chronic Obstructive Pulmonary Disease.
2. Obesity Hypoventilation Syndrome with BMI greater than 30.
3. End Stage Lung Diseases with respiratory failure in patients waiting for lung transplant (e.g., chronic obstructive pulmonary disease, cystic fibrosis, idiopathic pulmonary fibrosis, sarcoidosis).

4. Respiratory Insufficiency/Failure may be with Kyphoscoliosis of thoracic spine or other chest wall deformity, neuromuscular disease (e.g., amyotrophic lateral sclerosis, myasthenia gravis, polio).

5. All mentioned indications should be accompanied by polysomnography report apnea hypopnea index score (AHI) for pediatric and adult patients.

### Clinician Eligibility Criteria:

Category
Pulmonary Disease
Internal Medicine
Respiratory Medicine
Internal Medicine/ Critical Care Medicine
Pulmonary Disease
Pulmonary and Sleep Medicine
Critical Care Medicine.
Neurology
Neuromuscular Medicine
Pediatric Neurology/ Clinical Neurophysiology
Otolaryngology
Pediatric Pulmonology

## 3.2 Requirements for Coverage

- Devices require prior authorization.
- ICD and CPT codes must be coded to the highest level of specificity.
- Coverage for CPAP and BiPAP device as per SOB.
- Will be covered only for medical necessity.

## 3.3 Non-Coverage

- CPAP and BiPAP devices will not be covered for Basic and Visitors plan as per policy terms and conditions.
- No Loss and Damage Policy as per DME policy from the regulatory

## 3.4 Payment and Coding Rules

Please apply regulatory payment rules and regulations and relevant coding manuals for ICD, CPT, etc

## 4. Denial Codes

### Denial Codes

Code	Code description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service /supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered
PRCE-002	Payment is included in allowance for another service

## 5. Appendices

### 5.1 References

- <http://www.dynamed.com/topics/dmp~AN~T483077/Noninvasive-positivepressure-ventilation-NPPV-in-adults>
- [https://www.hopkinsmedicine.org/healthlibrary/test\\_procedures/neurological/bi\\_pap](https://www.hopkinsmedicine.org/healthlibrary/test_procedures/neurological/bi_pap)
- [http://www.aetna.com/cpb/medical/data/400\\_499/0452.html](http://www.aetna.com/cpb/medical/data/400_499/0452.html)
- <https://www.cpapwholesale.com/info/about-cpap>
- <https://careweb.careguidelines.com/ed22/index.html>
- <https://emedicine.medscape.com/article/295807-treatment>
- <https://www.sleepapnea.org/treat/cpap-therapy/care-and-replacement-ofcpap-equipment/> <https://oig.hhs.gov/oei/reports/oei-07-12-00250.pdf>
- <https://www.mdedge.com/ccjm/article/95224/pulmonology/noninvasivepositive-pressure-ventilation-stable-outpatients-cpap-and>
- <https://www.thoracic.org/patients/patient-resources/resources/cpap-forosa.pdf>
- <https://www.uptodate.com/contents/modes-of-mechanicalventilation>
- <https://www.uptodate.com/contents/continuous-positive-airway-pressurecpap-for-pediatric-obstructive-sleepapnea>

- [https://www.rch.org.au/rchcpg/hospital\\_clinical\\_guideline\\_index/ContinuousPositive\\_Airway\\_Pressure\\_\(CPAP\)\\_Care\\_in\\_the\\_Newborn\\_Intensive\\_Care\\_Unit\\_\(Butterfly\\_Ward\)/#indications](https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/ContinuousPositive_Airway_Pressure_(CPAP)_Care_in_the_Newborn_Intensive_Care_Unit_(Butterfly_Ward)/#indications)
- <https://jcsn.aasm.org/doi/10.5664/jcsn.7640>

## 5.2 Revision History

Date	Change(s)
18/04/2019	V1.0 <ul style="list-style-type: none"> <li>• Creation of Adjudication Guideline</li> </ul>
31/12/2024	V2.0 <ul style="list-style-type: none"> <li>• General Content Review and Reference addition</li> </ul>
18/05/2026	V2.1 <ul style="list-style-type: none"> <li>• Template and Content Review</li> </ul>

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