

**Subject:** Durable Medical Equipment: Positive Airway Pressure (PAP) and Oral Appliances for Treatment of Obstructive Sleep Apnea

**Medical Policy:** 49.1

**Original Effective Date:** 03-23-2022

**Status:** Reviewed

**Last Review Date:** 03-20-2024

## Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

## Description

Durable Medical Equipment (DME) is equipment which:

- Can withstand repeated use.
- Is primarily and customarily used to serve a medical propose.
- Generally, is not useful to a person in the absence of illness or injury.
- Is appropriate for use in a patient's home, at school or at work.

DME can be rented or purchased, depending on the length of time the member will need the equipment, or if there must be frequent and substantial servicing in order to avoid risk to the patient's health. The decision whether to rent or purchase DME is made by Presbyterian Health Plan (PHP).

Other related Durable Medical Equipment (DME) medical policies:

- Durable Medical Equipment: Respiratory Devices, **MPM 4.3**
- DME for Diabetic Equipment, **MPM 4.4**
- DME Miscellaneous, **MPM 4.5**
- DME for Orthotics and Prosthetics, **MPM 4.6**
- DME for Rehabilitation and Mobility Devices, **MPM 4.2**
- DME for State Coverage Insurance (SCI), **MPM 4.7**

### Apnea-Hypopnea Index (AHI):

Based on the members type of benefit, use the AHI results provided in the report/interpretation of study.

- Medicare will follow CMS AHI scored result.
- Medicaid and Commercial, will follow American Academy of Sleep Medicine (AASM) AHI scored results.

#### Obstructive Sleep Apnea confirmed AHI result:

1. AHI  $\geq 15$  with minimum of 30 events qualifies patients for treatment with CPAP with no further comorbid.
- OR**
2. AHI 5–14 associated with certain accompanying qualifying comorbid diagnoses, such as:
    - Excessive sleepiness
    - Impaired cognition
    - Mood disorders
    - Insomnia
    - Hypertension
    - Ischemic heart disease
    - History of stroke

## Coverage Determination

**Prior Authorization/Benefit Certification is required for (E0601) if member is 18 years old or older.**

**For Medicare, Medicaid and Commercial.**

### 1. Positive Airway Pressure Devices for the Treatment of Obstructive Sleep Apnea (OSA):

PHP follows Local Coverage Determination (LCD) [L33718](#), Positive Airway Pressure Devices for the Treatment of OSA and related policy article ([A52467](#)). LCD [L33718](#) contains criteria for CPAP and BiPAP coverage, as well as information on the sleep tests required to qualify for a respiratory assist device, requirements for continuing coverage of CPAP/BiPAP and physician qualifications.

2. **Oral Appliances for Obstructive Sleep Apnea (OSA):**

PHP follows Local Coverage Determination (LCD) [L33611](#), Oral Appliances used to Treat OSA. For a member's equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the LCD must be met. In addition, there are specific statutory payment policy requirements, discussed in the related Local Coverage Article (LCA) [A52512](#), that must be met.

**Other related guidelines in LCA (A52512):**

- All follow-up care, including fitting, adjustments, modifications, professional services (not all-inclusive) required during the first 90 days after provision of the oral appliance are considered to be included in the payment for device. Claims for these will be denied as not separately payable.
- After the initial 90-day period, adjustments, modifications and follow-up visits are not eligible for coverage under the DME benefit and are therefore not within the jurisdiction of the DME MAC.
- Repairs are covered for items that meet the coverage criteria. To repair means to fix or mend and to put the item back in good condition after damage or wear. Repairs are covered when necessary to make the item serviceable. If the expense for repairs exceeds the estimated expense of purchasing another item, no payment can be made for the excess.
- Oral appliances are eligible for replacement at the end of their 5-year reasonable useful lifetime (RUL). These items may be replaced prior to the end of the 5-year RUL in cases of loss, theft, or irreparable damage. Irreparable damage refers to a specific accident or to a natural disaster (e.g., fire, flood). Replacement due to wear-and-tear as the result of everyday use will be denied as statutorily non-covered prior to the expiration of the 5-year RUL.

For **diagnostic sleep testing for OSA**, see CMS National Coverage Determination (NCD) 240.4.1 or see [Sleep Studies, Attended \(In-Laboratory\) Full-Channel Polysomnography, MPM 49.0](#).

**Coding**

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

HCPSC Codes	Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea ( <a href="#">L33718</a> ), related article ( <a href="#">A52467</a> )
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)
E0601	Continuous positive airway pressure (CPAP) device
A4604	Tubing with integrated heating element for use with positive airway pressure device. **1 per 3 months
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each. **1 per 3 months
A7028	Oral cushion for combination oral/nasal mask, replacement only, each. **2 per 1 month
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair. **2 per 1 month
A7030	Full face mask used with positive airway pressure device, each. **1 per 3 months
A7031	Face mask interface, replacement for full face mask, each. **1 per 1 month
A7032	Cushion for use on nasal mask interface, replacement only, each. **2 per 1 month
A7033	Pillow for use on nasal cannula type interface, replacement only, pair. **2 per 1 month
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. **1 per 3 months
A7035	Headgear used with positive airway pressure device. **1 per 6 months
A7036	Chinstrap used with positive airway pressure device. **1 per 6 months
A7037	Tubing used with positive airway pressure device. **1 per 3 months
A7038	Filter, disposable, used with positive airway pressure device. **2 per 1 month
A7039	Filter, non-disposable, used with positive airway pressure device. **1 per 6 months
A7044	Oral interface used with positive airway pressure device, each

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

HCPSC Codes	Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea ( <a href="#">L33718</a> ), related article ( <a href="#">A52467</a> )
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. **1 per 6 months
E0561	Humidifier, non-heated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
For coding instruction for <b>Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea</b> see LCA ( <a href="#">A52467</a> ).	

HCPSC Codes	Oral Appliances for the Treatment of Obstructive Sleep Apnea ( <a href="#">L33611</a> ), related article ( <a href="#">A52512</a> )
A9270	Non-covered item or service
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
E1399	Durable medical equipment, miscellaneous

## Reviewed by / Approval Signatures

**Population Health & Clinical Quality Committee:** [Clinton White MD](#)

**Senior Medical Director:** [Jim Romero MD](#)

**Date Approved:** 10-23-2024

## References

1. CMS, Local Coverage Determination (LCD) L33718 - Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea, revision date:01/01/2024, R11. Related Local Coverage Article (LCA) A52467, revision date: 08/08/2021, R14 [Cited 01/05/2024]
2. CMS, Local Coverage Determination (LCD) L33611 - Oral Appliances for Obstructive Sleep Apnea, revision date: 08-08-2021, R7. Related Local Coverage Article (A52512), revision date: 08-08-2021, R9. [Cited 01/05/2024]
3. CGS, Jurisdiction C Supplier Manual, Chapter 5 - DMEPOS Fee Schedule Categories, Section 5 - Capped Rental Items, which is available online at <https://www.cgsmedicare.com/jc/pubs/pdf/chpt5.pdf> [Cited 01/05/2024]
4. Pub Med, National Library of Medicine, Comparison of American Academy of Sleep Medicine (AASM) versus Center for Medicare and Medicaid Services (CMS) polysomnography (PSG) scoring rules on AHI and eligibility for continuous positive airway pressure (CPAP) treatment, Received: 8 December 2015 /Revised: 31 January 2016 /Accepted: 22 February 2016 /Published online: 11 March 2016. [Cited 01/05/2024]

## Publication History

- 03-23-2022 Original effective date. Reviewed by PHP Medical Policy Committee on 03-11-2022 and 03-18-2022. Positive Airway Pressure (PAP) Devices for Treatment of OSA follows (LCD) L33718 and the related article (LCA) A52467. The oral appliances for OSA follows (LCD) L33611 and the related article (LCA) A52512. The PAP devices and appliances will be covered for Medicare, Medicaid & Commercial when the sleep test documentation supports the diagnosis of OSA (ICD-10 code - G47.33) based on CMS definition of AHI. Prior Auth will be required for E0470, E0471 and E0601 for Medicare, Medicaid and Commercial.
- 03-22-2023 Annual review. Reviewed by PHP Medical Policy Committee on 01/13/2023. Continue to follow PAP Devices for Treatment of OSA (LCD) L33718 and (LCA) A52467. Also continue to follow (LCD) L33611- oral appliances for OSA (LCA) A52512. Continue to PA requirement for E0470, E0471 and E0601.  
**Update on 12-13-2023:** Reviewed by PHP Medical Policy Committee (MPC) on 09-23-2023: Prior Auth was removed for age 1 thru 17 years old. On 11/01/2023: -Medical Policy Committee reconsidered the conflict on the scoring rules for Apnea-Hypopnea Index (AHI) between the recommendations of the American Academy of Sleep Medicine (AASM) and Medicare. The AHI criteria were updated for Medicaid and Commercial to follow AASM AHI criteria and Medicare will continue to follow Medicare recommended AHI.
- 03-20-2024 Annual review. Reviewed by PHP Medical Policy Committee on 01/05/2024. There has been no change in coverage with this revision. Continue to follow both PAP Devices for Treatment of OSA, LCD (L33718)-LCA (A52467) and Oral Appliances for OSA, LCD (L33611)-LCA (A52512) for ALOB. Continue PA requirement for codes: E0470, E0471, E0601 for 17 years and older, per decision on 12/13/2023. Continue the newly updated decision about AHI, where Medicare will follow CMS AHI score and non-Medicare will follow AASM scored results.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

**Update 10-23-2024-** MPC met on 09-27-24 and 10-02-24 and agreed to remove PA requirements for E0470 and E0471 for ALOB. This decision to remove PA was reviewed under MPM 4.3. During review, the Respiratory Assist Devices section was removed because these codes were also managed in this policy. The removal of PA was due to low cost and high approval rate.

*This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.*

*For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)*

**Web links:**

*At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.*

*When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.*