

Medical Coverage Policy

Policy Number – MP24-039E

Original review date – 02/28/2024

Effective date – 02/28/2024

Positive Airway Pressure Devices

Background

Positive airway pressure respiration is a type of ventilation in which air is pushed under pressure through the nose and into the lungs. This prevents collapse of the respiratory tract and allows unobstructed breathing during sleep.

Continuous positive airway pressure (CPAP) devices deliver air under a fixed level of pressure throughout inspiration and expiration. CPAP titration is required to identify the type of interface (e.g., nasal mask, mouth-nasal cradle mask, and so on) and the amount of pressure that is optimal for the patient. Titration can be done at home or in a facility.

Bilevel positive airway pressure (BiPAP) devices deliver air at a higher pressure for inhalation and a lower pressure for exhalation. These can be used in individuals who cannot tolerate CPAP or in patients with obesity hypoventilation syndrome.

Auto-titrating continuous positive airway pressure (APAP) devices titrate effective airway pressure throughout the night automatically, based on physiologic signals. These devices can reduce air pressure when spells of apnea disappear and increase pressure when they return. APAP can be used to determine an optimal level for CPAP machines for long term treatment with conventional CPAP devices.

Policy Statement

Disclaimer: This policy is applicable to TRICARE Prime & Select beneficiaries, and may not apply to Active Duty Service Members (ADSM) under SHCP or TPR in accordance with TOM Chapter 17, Section 3. Please review TOM Chapter 17, Section 3, Paragraph 2.0 onwards, regarding SHCP coverage and any TRICARE specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs

CPAP devices may be covered for the following indications:

- I. Adult with diagnosis of obstructive sleep apnea (OSA) and one or more of the following:
 - a. Mild OSA (apnea-hypopnea index between 5-15) and one or more of the following:
 - i. Documented cardiovascular disease (e.g. hypertension, heart failure)
 - ii. Excessive daytime sleepiness
 - iii. Impaired cognition
 - iv. Mood disorder
 - v. Observed apneic or choking episodes
 - vi. Night sweats
 - vii. Snoring
 - viii. Headaches on awakening
 - ix. Heartburn and reflux
 - x. Documented fibromyalgia-like symptoms



Humana Military is the administrator of the Department of Defense TRICARE East program. TRICARE is a registered trademark of the Department of Defense (DoD), Defense Health Agency (DHA). All rights reserved. This policy is only a guideline and does not indicate coverage nor medical advice. XBBB0621-A

- b. Moderate or severe OSA (AHI greater than or equal to 15)
 - c. Upper airway resistance syndrome and unexplained excessive daytime sleepiness
- II. Child with diagnosis of OSA and one or more of the following:
 - a. Mild OSA (AHI between 1 and 5) and one or more of the following:
 - i. Achondroplasia
 - ii. Behavioral problems
 - iii. Cardiovascular disease
 - iv. Chiari malformation
 - v. Craniofacial abnormalities
 - vi. Down syndrome
 - vii. Excessive daytime sleepiness
 - viii. Impaired cognition
 - ix. Inattention or hyperactivity
 - x. Mucopolysaccharoidoses
 - xi. Neuromuscular disorders
 - xii. Prader-Willi syndrome
 - b. Moderate or severe OSA (AHI greater than 5)
 - c. Persistent OSA after adenotonsillectomy
- III. Central sleep apnea syndrome due to congestive heart failure in adult
- IV. Obesity hypoventilation syndrome, as indicated by one or more of the following:
 - a. BMI greater than 30
 - b. Daytime hypercapnia with PaCO₂ greater than 45 mm Hg without other etiology

Limitations of Coverage

1. Continuation of CPAP after initial authorization will be based on compliance and effectiveness
2. Portable CPAP devices are covered for active duty service members (ADSM) if ALL the following conditions are met:
 - a. Diagnosis of OSA
 - b. ADSM travels on official business at least three days per month or is being deployed
 - c. Device must have humidification and battery capability
3. If ADSM already has a standard CPAP machine, a portable CPAP will be covered if the above criteria are met
4. Upon initial referral for a CPAP device a portable device shall be authorized if criteria are met. A standard CPAP device shall not be authorized in addition to a portable device.

BiPAP devices may be covered for the following indications:

- I. Adult meets OSA criteria for CPAP listed above and CPAP unsuccessful or not appropriate as demonstrated by one of the following:
 - a. Titration study demonstrated OSA despite CPAP 15 cm H₂O that is responsive to BiPAP
 - b. Intolerance of CPAP pressures, i.e. difficulty exhaling against fixed airway pressure
 - c. Comorbid sleep-related hypoventilation (ie, arterial, end-tidal, or transcutaneous PCO₂ greater than 55 mm Hg (7.3 kPa) for 10 minutes or longer, or increase in arterial, end-tidal, or transcutaneous PCO₂ of 10 mm Hg (1.3 kPa) or greater above awake supine value resulting in PCO₂ greater than 50 mm Hg (6.7 kPa) for 10 minutes or longer) in patient with obstructive sleep apnea

- II. Child meets OSA criteria for CPAP listed above and CPAP unsuccessful or not appropriate as indicated by one of the following:
 - a. Comorbid sleep-related hypoventilation (ie, sleeping arterial, end-tidal, or transcutaneous PCO₂ of greater than 50 mm Hg (6.7 kPa) for greater than 25% of total sleep time, or peak sleep end-tidal PCO₂ of 55 mm Hg (7.3 kPa) or greater) in patient with obstructive sleep apnea
 - b. Intolerance of CPAP pressures, i.e. difficulty exhaling against fixed airway pressure
 - c. Ongoing obstructive sleep apnea despite CPAP 15 cm H₂O (1471 Pa) during titration study that responds to BiPAP
- III. Diagnosis of Central sleep apnea (idiopathic) on diagnostic polysomnography and titration study demonstrates improvement in AHI
- IV. Chronic obstructive pulmonary disease (COPD) with one of the following:
 - a. Chronic hypercapnia with PaCO₂ of 50 mm Hg (6.7 kPa) to less than 52 mm Hg (6.9 kPa) and one or more of the following:
 - i. Arterial oxygen saturation less than or equal to 88% for five consecutive minutes during nocturnal oximetry while on at least two liters of oxygen per minute
 - ii. Invasive or noninvasive ventilation for acute exacerbation required during two or more hospitalizations per year
 - b. Chronic hypercapnia with PaCO₂ of 52 mm Hg (6.9 kPa) or greater
 - c. Palliative care in patient with end-stage disease and advance directive stating no desire for intubation
- V. End stage lung disease with hypercapnic respiratory failure
- VI. Obesity hypoventilation syndrome and one of the following:
 - a. Increase in PaCO₂ during sleep by more than 10 mm Hg above value while awake
 - b. Significant oxygen desaturation (less than 90%) not explained by obstructive apneas or hypopneas
- VII. Respiratory insufficiency and BiPAP with backup rate needed, as indicated by all of the following:
 - a. Chest wall deformity or neuromuscular disease
 - b. Signs of respiratory insufficiency, as indicated by one of the following:
 - i. Arterial oxygen saturation less than 88% for 5 consecutive minutes during nocturnal oximetry
 - ii. Daytime PCO₂ (ie, arterial or capillary) greater than 45 mm Hg (6.0 kPa)
 - iii. Forced vital capacity less than 50% of predicted
 - iv. Maximum inspiratory pressure less than or equal to 60 cm H₂O (5884 Pa)
 - c. No anatomic abnormality that precludes mask fitting
 - d. No impaired cough or inability of mechanically assisted cough to clear secretions
 - e. Patient able to protect airway

TRICARE Policy

TRICARE Operations Manual Chapter 17, Section 3:

2.2.4.3 Continuous Positive Airway Pressure (CPAP) Batteries And Portable Devices

2.2.4.3.1 CPAP batteries for both standard and portable devices and adaptive equipment are covered.

2.2.4.3.1.1 The request shall document that the ADSM is on deployment status and is not within one year of retirement/separation.

2.2.4.3.1.2 A replacement battery shall be provided if the current battery is no longer functional after normal use or damaged during deployment at no fault of the ADSM as documented in the request.

2.2.4.3.1.3 If the battery is lost or damaged because of ADSM personal negligence, SHCP funds shall not be used to replace the battery.

Portable CPAP devices are covered.

2.2.4.3.2.1 The following criteria shall be met and documented on the referral:

2.2.4.3.2.1.1 The ADSM has a diagnosis of Obstructive Sleep Apnea (OSA); and

2.2.4.3.2.1.2 The ADSM travels on official business at least three days per month or is being deployed.

2.2.4.3.2.1.3 The device must have humidification and battery capability.

2.2.4.3.2.1.4 If the ADSM already has a standard CPAP device a portable device shall be authorized if criteria are met.

2.2.4.3.2.1.5 Upon initial referral for a CPAP device a portable device shall be authorized if criteria are met. A standard CPAP device shall not be authorized in addition to a portable device.

2.2.4.3.2.2 Portable CPAP devices shall be coded using Healthcare Common Procedure Coding System (HCPCS) code E1399 and shall be reimbursed based upon the billed charge.

Coding Information

Code	Description
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 backup 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)
E0601	Continuous positive airway pressure (CPAP) device

References



Humana Military is the administrator of the Department of Defense TRICARE East program. TRICARE is a registered trademark of the Department of Defense (DoD), Defense Health Agency (DHA). All rights reserved. This policy is only a guideline and does not indicate coverage nor medical advice. XBBB0621-A

1. TRICARE Operations Manual Chapter 17, Section 3
2. MCG Health. Continuous Positive Airway Pressure (CPAP) Device. ACG: A-0431 (AC). Ambulatory Care 27th edition. Last updated 09/21/2023
3. MCG Health. Bilevel Positive Airway Pressure Device (BiPAP). ACG: A-0994 (AC). Ambulatory Care 27th Edition. Last updated 09/21/2023

Approved by:



Joseph F. McKeon, MD, MPH

Chief Medical Officer

Date of approval: 02/28/2024