



## BILLING POLICY No. 020

### POSITIVE AIRWAY PRESSURE (PAP) DEVICES FOR TREATMENT OF OBSTRUCTIVE SLEEP APNEA

Effective date: Nov. 11, 2024

Review dates: 11/2024

Date of origin: Aug. 2024

## APPLIES TO

This policy applies to commercial and Medicare plans. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

For Medicaid / Healthy Michigan plans, see the Medicaid Provider Manual.

## DEFINITION

In alignment with the Centers for Medicare and Medicaid Services (CMS) and local coverage determinations (LCDs), maximum allowable quantities for positive airway pressure (PAP) supplies are outlined below. These are defined quantities based on standards identified as reasonable and necessary for the usual member.

## MEDICAL POLICY

- [Sleep Apnea: Obstructive & Central \(#91333\)](#)

## POLICY SPECIFIC DETAILS

### Billing details

PAP devices are covered under the durable medical equipment (DME) benefit and are considered capped rentals. See our [Durable Medical Equipment \(#91110\)](#) medical policy for details regarding capped rentals.

|       |   |
|-------|---|
| 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   |

Accessories for PAP devices are separately reimbursable when initially ordered and when replaced. These accessories are subject to the following quantity limits. Any greater quantity will be denied.

|       |                |
|-------|----------------|
| A4604 | 1 per 3 months |
| A7027 | 1 per 3 months |

|       |                |
|-------|----------------|
| A7028 | 2 per 1 month  |
| A7029 | 2 per 1 month  |
| A7030 | 1 per 3 months |
| A7031 | 1 per 1 month  |
| A7032 | 2 per 1 month  |
| A7033 | 2 per 1 month  |
| A7034 | 1 per 3 months |
| A7035 | 1 per 6 months |
| A7036 | 1 per 6 months |
| A7037 | 1 per 3 months |
| A7038 | 2 per 1 month  |
| A7039 | 1 per 6 months |
| A7046 | 1 per 6 months |

### Documentation requirements

Documentation may be requested from the ordering provider indicating medical necessity for treatment of Obstructive Sleep Apnea (OSA). Documentation must include:

- A sleep test ordered by treating provider
- Results of the sleep test indicating medical necessity

### Place of service

Review specific information regarding DME place of service billing requirements in our [Durable Medical Equipment \(DME\) place of services \(POS\) billing policy](#).

### Modifiers

- **KX (Commercial, Medicaid):** Appended to indicate that medical necessity has been met per medical policy criteria. Claims without KX modifier will deny as non-payable per medical policy.
- **KX (Medicare):** Appended to indicate that medical necessity has been met per medical policy criteria.
- **GA & GZ (Medicare):** Appended to indicate that all coverage criteria haven't been met per policy and there's an expectation of a reasonable and necessary denial. GA indicates an Advanced Beneficiary Notice (ABN) has been obtained and GZ indicates no ABN has been obtained.
- Medicare claim lines billed without KX, GA or GZ will be denied.

## CHANGE / REVIEW HISTORY

| Date          | Revisions made                   |
|---------------|----------------------------------|
| Nov. 11, 2024 | Added "Place of service" section |