

	Continuous Positive Airway Pressure (CPAP) Positive Airway Pressure (BIPAP)	
	Policy Number: POL-PP-116	Original Creation Date: 10/1/2019
	Version Number: 13	Version Effective Date: 10/1/2025
	Policy Status: Active	Next Review Date: 10/1/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input checked="" type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

CPAP uses a machine to deliver pressurized air through a mask worn over the nose or mouth. This pressure keeps the airway open during sleep, preventing breathing pauses and improving sleep quality.

CPAP (continuous positive airway pressure) machines treat sleep-related breathing disorders, such as obstructive sleep apnea (OSA)

BiPAP is a noninvasive method of ventilatory support that combines CPAP with pressure support ventilation.

A BiPAP (bilevel positive airway pressure) machine is used to help people breathe easier by delivering pressurized air through a mask, primarily for conditions that make it difficult to breathe like obstructive sleep apnea, chronic obstructive pulmonary disease (COPD), obesity hypoventilation syndrome, or when breathing is impaired due to a neurological disease or after surgery; essentially, it assists with breathing by pushing air into the lungs when someone has trouble doing so on their own.

Policy

The following requirements apply to BCBS of Kansas City subscribers

Once medical necessity for a CPAP device has been proven, the initial 3 months rental will require a prior auth. At the end of the 3-month period a review will be performed of the subscriber's compliance with the use of the machine. If approved an authorization will be received for the rest of the rental period.

Replacement devices are not subject to the pre-purchase rental requirement but are still subject to prior-authorization, proof of compliance and must meet medical necessity per Blue KC Medical Policy.

Blue KC will not replace your current CPAP machine with a newer model if the current machine is still functioning properly. CPAP equipment is only replaced when it is no longer working or if there is a significant medical need for newer technology based on your specific situation.

For all other BCBS plans, please see the members benefit booklet for information on prior authorization, machine replacement, and purchase/rental options.

Failure to review and follow Members Benefits may result in claim denial as provider liability.

Coding

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Code	Description
E0601	Continuous positive airway pressure (CPAP) device
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface (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)

References and Resources

Blue KC Provider Reference Guide

Center for Medicare and Medicaid Services

American Medical Association

Related Documents

MCG A-0431 Continuous Positive Airway Pressure (CPAP) Device

MCG BKC-A-0994 Bilevel Positive Airway Pressure (BIPAP) Device

Revision History

Version	Date	Summary of Revisions
001	10/01/2019	Initial version
002	10/1/2020	Annual review- clinical indications updated to Milliman Care Guidelines
003	3/1/2021	Added; When DME is rented, Blue KC members will receive credit for a rental month/s even when part of the rental period was before the member had Blue KC coverage
004	10/1/2021	Annual review - Removed table of MUE amounts
005	10/1/2022	Annual review there were no updates or changes made to this policy
006	10/1/2023	Annual review there were no updates or changes made to this policy
007	11/1/2023	Removed medical necessity information under clinical indications
008	10/1/2024	Annual review added Blue KC follows the National Correct Coding Initiative Medically Unlikely Edits and added MCG policies under related policies.
009	3/1/2025	Update -Added Blue KC follows the National Correct Coding Initiative Medically Unlikely Edits and MCG policy under related policies.
010	4/22/2025	Update -Information added on pre-auths, rentals, and replacements specific to Blue KC.
011	5/1/2025	Update – Added information on BIPAP device to policy
012	10/1/2025	Annual review – No updates or changes were made to the policy