Continuous Positive Airway Pressure

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4008

Recent review date: 1/2026

Next review date: 5/2027

Policy contains: Continuous Positive Airway Pressure; CPAP; obstructive sleep apnea; polysomnogram.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered, on a case-by-case basis by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

Continuous positive airway pressure (CPAP) devices are clinically proven and, therefore, may be medically necessary for obstructive sleep apnea when the following criteria are met:

Criteria for Adults

A single level CPAP device is covered if the member has a diagnosis of obstructive sleep apnea (OSA), documented by an attended facility-based polysomnogram (PSG) or a home-based home sleep apnea test (HSAT), and meets either of the following criteria:

- The apnea-hypopnea index (AHI) is greater than or equal to 15 events per hour; or
- The AHI is from five to 14 events per hour with documented symptoms of:
    - Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; or
    - Hypertension, ischemic heart disease, or history of stroke.

AHI must be based on a minimum of two hours of sleep without the use of a positive airway pressure device. AHI must be reported using actual recorded hours of sleep and may not be extrapolated or projected.

For the purpose of this policy, polysomnographic studies may be performed in a facility-based sleep study laboratory, in the home, or in a mobile facility. These labs must be qualified providers of Medicare or Medicaid services and comply with all applicable state regulatory requirements.

For the purpose of this policy, polysomnographic studies may not be performed by a DME provider.

Pediatric Criteria (Under Age 21)

A single level CPAP device is covered if the member has a diagnosis of OSA documented by an attended, facility-based polysomnogram and there is:

- Documentation of physical exam (including airway) and of any other medical condition, which may be correctable (e.g., tonsillectomy and/or adenoidectomy) prior to the institution of assisted ventilation.
- Documentation of how sleep disturbance reduces the quality of life and affects the activities of daily living.
- Prescription by a physician with training and expertise in pediatric respiratory sleep disorders.
- Documentation of the medical diagnosis, which is known to cause respiratory/sleep disorders.
- Sleep or respiratory study documenting two or more of the following:
    - Oxygen saturation of less than 90% pulse oximetry or partial pressure of transcutaneous or arterial of less than 60 mm Hg;
    - Carbon dioxide greater than 55 mm Hg by end tidal, transcutaneous, arterial, or capillary blood measurement; and
    - Apnea of 10 to 20 seconds duration on the average of one per hour.
- A follow-up plan should be submitted identifying the responsible physician or facility, giving data collected to demonstrate the success or failure of intervention, and showing a visit within the first month of use and a second assessment within the first three months of use.
- Indication of a responsible, committed home environment and of caregivers properly trained in appropriate respiratory care.
- A written plan for home health follow-up care.

References

Louisiana Medicaid *Durable Medical Equipment Provider Manual.* 2010. Continuous Positive Airway Pressure. Chapter 18, Section 18.2. Issued 06/25/2025.

Policy updates

Initial review date: 3/2/2021

3/2023: Policy references updated.

1/2024: Policy references updated.

1/2025: Policy references updated.

1/2026: Policy references updated. Coverage criteria revised. Code table added.

Related Codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy CCP.4008. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

Code	Code Description
E0601	Continuous positive airway pressure (CPAP) device
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface
E0561	Humidifier, non-heated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
A7030	Full face mask used with positive airway pressure device, each
A7031	Face mask interface, replacement for full face mask, each
A7032	Cushion for use on nasal mask interface, replacement only, each
A7033	Pillow for use on nasal cannula type interface, replacement only, pair
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035	Headgear used with positive airway pressure device
A7036	Chinstrap used with positive airway pressure device
A7037	Tubing used with positive airway pressure device
A7038	Filter, disposable, used with positive airway pressure device
A7039	Filter, non disposable, used with positive airway pressure device
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
A4604	Tubing with integrated heating element for use with positive airway pressure device
A7027	Combination oral/nasal mask, used with positive airway pressure device, each
A7028	Oral cushion for combination oral/nasal mask, replacement only, each
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
A7044	Oral interface used with positive airway pressure device, each
A7045	Exhalation port with or without swivel used with positive airway pressure device, replacement only, each