



## Medica Central Coverage Policy

**Policy Name:** Home Use of Bilevel Positive Airway Pressure (BiPAP) MP9658

**Effective Date:** 09/01/2024

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

### Coverage Policy

**Note:** This policy is no longer scheduled for routine review of the scientific literature.

Home use of standard BiPAP devices with or without a backup rate (unless otherwise stated) is **COVERED** for confirmed sleep-associated hypoventilation associated with:

1. Restrictive thoracic disorders/neuromuscular disorders. Examples include but are not limited to:
  - a. Amyotrophic lateral sclerosis (ALS)
  - b. Congestive heart failure
  - c. Interstitial lung disease
  - d. Kyphoscoliosis
  - e. Myopathies
  - f. Neuropathies
  - g. Primary or chronic secondary pneumonitis
  - h. Spinal cord injury
2. Severe chronic obstructive pulmonary disease (COPD)
  - a. A BiPAP device without a backup rate is considered first line therapy.
  - b. BiPAP with a backup rate might be considered when oxygen saturation drops and remains low (i.e., 88% or less) or when the individual is experiencing recurrent hospitalizations for hypercapnic respiratory failure.
3. Central Apnea (intervals when airflow and ventilatory effort are both absent)

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4. Complex, mixed sleep apnea (intervals with central apnea and intervals with obstructive respiratory effort) when central apnea persists following correction of the accompanying obstructive component.

Home use of BiPAP with average volume assured pressure support (AVAPS) is medically appropriate for individuals with confirmed, severe, chronic hypoventilation due to inadequate breath-to-breath tidal volume maintenance with standard BiPAP. Indications for BiPAP AVAPS include, but are not limited to:

1. Advanced chronic obstructive pulmonary disease (COPD)
2. Advanced thoracic/neuromuscular disorders
3. Advanced mobility restrictions
4. Obesity hypoventilation syndrome (OHS)

See also related coverage policy, *Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Obstructive Sleep Apnea*.

### Description

The term "bilevel" refers to the delivery of different levels of inspiratory and expiratory pressure to a patient who is breathing spontaneously. By applying a lower pressure during the expiratory phase, the total pressure applied on the airway can be reduced to achieve a pattern similar to physiologic breathing. Air pressure is delivered via tubing and a noninvasive nasal or full-face mask.

Two types of standard BiPAP devices are available:

1. BiPAP without a backup rate delivers adjustable, variable levels of positive air pressure within a single respiratory cycle.
2. BiPAP with a backup rate delivers variable levels of positive air pressure using a timed backup feature that delivers pressure whenever an individual's spontaneous breathing is not sufficient. BiPAP devices with average volume assured pressure support (i.e., AVAPS) operate by automatically adapting pressure support to match the patient's breath-to-breath therapy needs by providing an average tidal volume (i.e., volume of air that is inhaled or exhaled in a single breath). Inspiratory pressure automatically changes in real time from one breath to another to support the preset tidal volume.

Standard BiPAP devices are intended as non-invasive ventilation for individuals who are experiencing respiratory distress. Medical problems that impair respiration include, but are not limited to:

1. Chronic obstructive pulmonary disorder (COPD)
2. Obesity hypoventilation syndrome
3. Pneumonitis
4. Acute asthma flare-up
5. Neurological disease affecting respiration

In some cases, an individual may move off an invasive ventilator with breathing tube support to BiPAP as his/her breathing improves.

### Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.



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### Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

### CPT Codes

Use the current applicable CPT/HCPCS code(s).

	<b>Committee/Source</b>	<b>Date(s)</b>
<b>Document</b>		
<b>Created:</b>	Medical Policy Committee/Health Services Division	May 17, 2023
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