

## Payment Policy: Continuous Positive Airway Pressure (CPAP) Supplies

Reference Number:

Product Types: ALL

Effective Date: 04/01/2018

Last Review Date:

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Policy Overview

Continuous positive airway pressure (CPAP) is a form of positive airway pressure ventilator, which applies mild air pressure on a continuous basis to keep the airways continuously open in people who are able to breathe spontaneously on their own.

### Application

Durable medical equipment suppliers and other healthcare professionals.

### Policy Description

This policy references reimbursement limitations on CPAP supplies.

### Reimbursement

Reimbursement will be made for the following CPAP supplies with a unit limitation applied. Please reference the Coding and Modifier Information header for unit limitations per code.

### Documentation Requirements

Not Applicable.

### Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current 2018 manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT/HCPCS Code	Descriptor	Unit Limits
A4604	Tubing with heating element	1 every 3 months
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	1 every 3 months
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	2 per month
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	2 per month

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CPT/HCPCS Code	Descriptor	Unit Limits
A7030	Full face mask used with positive airway pressure device, each	1 every 3 months
A7031	Face mask interface, replacement for full face mask, each	1 per month
A7032	Cushion for use on nasal mask interface, replacement only, each	2 per month
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	2 per month
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	1 every 3 months
A7035	Headgear used with positive airway pressure device	1 every 6 months
A7036	Chin strap used with positive airway pressure device	1 every 6 months
A7037	Tubing used with positive airway pressure device	1 every 3 months
A7038	Filter, disposable, used with positive airway pressure device	2 per month
A7039	Filter, nondisposable, used with positive airway pressure device	1 every 6 months
A7044	Oral interface used with positive airway pressure device, each	1 every 6 months
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	1 every 6 months
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	1 every 6 months

Modifier	Descriptor
NA	Not Applicable

ICD-10 Codes	Descriptor
NA	Not Applicable

#### Additional Information

Not Applicable

#### Related Documents or Resources

Not Applicable

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### References

1. *Current Procedural Terminology (CPT)*®, 2018
2. *HCPCS Level II*, 2018

Revision History	
1/20/2018	Initial Policy Draft

### **Important Reminder**

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

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## **PAYMENT POLICY**

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**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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