

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and applicable state and/or federal laws.

Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA) MP9658

Covered Service: Yes

Prior Authorization Required: No

Additional Information: For home use of continuous positive airway pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for sleep apnea see [Treatment of Obstructive Sleep Apnea \(OSA\) and Related Conditions MP9239](#)

Prevea360 Health Plan Medical Policy:

- 1.0 Home use of standard BiPAP devices with or without a backup rate (unless otherwise stated) **does not** require prior authorization and is considered medically necessary for confirmed sleep-associated hypoventilation associated with **ANY** of the following:
 - 1.1 Restrictive thoracic disorders/neuromuscular disorders. Examples include but are not limited to:
 - 1.1.1 Amyotrophic lateral sclerosis (ALS)
 - 1.1.2 Congestive heart failure
 - 1.1.3 Interstitial lung disease
 - 1.1.4 Kyphoscoliosis
 - 1.1.5 Myopathies
 - 1.1.6 Neuropathies
 - 1.1.7 Primary or chronic secondary pneumonitis
 - 1.1.8 Spinal cord injury
 - 1.2 Severe chronic obstructive pulmonary disease (COPD)
 - 1.2.1 A BiPAP device without a backup rate is considered first line therapy
 - 1.2.2 BiPAP with a backup rate might be considered when oxygen saturation drops and remains low (e.g., 88% or less) or when the member is experiencing recurrent hospitalizations for hypercapnic respiratory failure
 - 1.3 Central apnea (intervals when airflow and ventilatory effort are both absent)

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- 1.4 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
- 2.0 Home use of BiPAP with average volume assured pressure support (AVAPS) **does not** require prior authorization and is medically appropriate for members 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:
 - 2.1 Advanced chronic obstructive pulmonary disease (COPD)
 - 2.2 Advanced thoracic/neuromuscular disorders
 - 2.3 Advanced mobility restrictions
 - 2.4 Obesity hypoventilation syndrome (OHS)

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	May 17, 2023
Revised:		
Reviewed:		

Published: 06/01/2023

Effective: 09/01/2023