

CPAP for Home Use

Also known as 1. Continuous positive airway pressure machine

Description A continuous positive airway pressure machine (CPAP) supplies a constant flow of positive air pressure delivered through a blower and mask to keep airways open. It is delivered by a flow-through mask and provides a non-invasive technique to reduce or eliminate episodes of sleep apnea. When using an auto titration machine, airflow can automatically adjust when needed to assure that an individual’s airway remains open during sleep.

Note: When an individual demonstrates difficulty when exhaling against the high pressure generated by a CPAP device, they will be prescribed a [BiPAP for Home Use](#).

See also Similar, related, or easily confused documents.

- [BiPAP for Home Use](#) - An oxygen ventilator designed to let a patient inhale and exhale at separate pressure levels.
- [DME Grid – Numeric](#) – Includes quantity limits for CPAP supplies.

Table of Contents The following topics are included in this document:

- [Commercial](#)
- [Government Programs](#)
- [Individual and Family Business \(IFB\)](#)

Document history The document history for the past 12 months is outlined below.

Date	Description
9.17.24	Updated to new template.

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea</i> (MP9239), applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote durable medical equipment (DME) benefits.• Rental requirements: If the member has not previously used a CPAP, it must be rented for three (3) months.<ul style="list-style-type: none">– Must be purchased or returned in the fourth (4th) month.– Rental cost is applied to the purchase price.– At least one (1) month of rental is recommended for members who have not previously used a CPAP machine.• For investigative indications, not covered.• CPAP supplies: Quote under DME benefits.<ul style="list-style-type: none">– These are always purchased, even during the rental period.– Many CPAP supplies may have limits. See to DME Grid – Numeric for details• Replacement: Available for rental or purchase when made necessary by normal wear and use.<ul style="list-style-type: none">– When replacing an existing C-PAP due to normal wear and use, rental period is not required.• Deductible/MOOP accumulation: Rental and purchase amounts apply to the deductible/MOOP for the current month.<ul style="list-style-type: none">– Example: A member on a calendar year deductible rents a C-PAP for November and December and purchases it in January. Rental costs apply to the deductible for November and December. The purchase price applies to the January deductible.• Usage compliance (PSC): Routinely defined as greater than four hours of usage per night and 70% usage within a 30-day period (such as an average of five nights usage per week).<ul style="list-style-type: none">– Some individuals can display adequate clinical benefit from C-PAP use when used consistently for shorter periods of time.– Proof of compliance is not required with claim submission.– Medica reserves the right to request written demonstration of compliance.
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote durable medical equipment (DME) benefits.• Rental requirements: If the member has not previously used a CPAP, it must be rented for three (3) months.<ul style="list-style-type: none">– Must be purchased or returned in the fourth (4th) month.– Rental cost is applied to the purchase price.– At least one (1) month of rental is recommended for members who have not previously used a CPAP machine.• For investigative indications, not covered.• CPAP supplies: Quote under DME benefits.<ul style="list-style-type: none">– These are always purchased, even during the rental period.– Many CPAP supplies may have limits. See to DME Grid – Numeric for details.• Replacement: Available for rental or purchase when made necessary by normal wear and use.<ul style="list-style-type: none">– When replacing an existing C-PAP due to normal wear and use, rental period is not required.• Deductible/MOOP accumulation: Rental and purchase amounts apply to the deductible/MOOP for the current month.<ul style="list-style-type: none">– Example: A member on a calendar year deductible rents a C-PAP for November and December and purchases it in January. Rental costs apply to the deductible for November and December. The purchase price applies to the January deductible.• Usage compliance (PSC): Routinely defined as greater than four hours of usage per night and 70% usage within a 30-day period (such as an average of five nights usage per week).<ul style="list-style-type: none">– Some individuals can display adequate clinical benefit from C-PAP use when used consistently for shorter periods of time.– Proof of compliance is not required with claim submission.– Medica reserves the right to request written demonstration of compliance.

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Medica
(including
MHPS)

Medica’s Coverage Policy, *Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea*, applies.

Tip: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- Covered indications are listed under *Coverage Policy*.
 - **Important:** Check policy for limits or exclusions.
- If eligible, quote durable medical equipment (DME) benefits.
- **Rental requirements:** If the member has not previously used a CPAP, it must be rented for three (3) months.
 - Must be purchased or returned in the fourth (4th) month.
 - Rental cost is applied to the purchase price.
 - At least one (1) month of rental is recommended for members who have not previously used a CPAP machine.
- For investigative indications, not covered.
- **CPAP supplies:** Quote under DME benefits.
 - These are always purchased, even during the rental period.
 - Many CPAP supplies may have limits. See to [DME Grid – Numeric](#) for details.
- **Replacement:** Available for rental or purchase when made necessary by normal wear and use.
 - When replacing an existing C-PAP due to normal wear and use, rental period is not required.
- **Deductible/MOOP accumulation:** Rental and purchase amounts apply to the deductible/MOOP for the current month.
 - **Example:** A member on a calendar year deductible rents a C-PAP for November and December and purchases it in January. Rental costs apply to the deductible for November and December. The purchase price applies to the January deductible.
- **Usage compliance (PSC):** Routinely defined as greater than four hours of usage per night and 70% usage within a 30-day period (such as an average of five nights usage per week).
 - Some individuals can display adequate clinical benefit from C-PAP use when used consistently for shorter periods of time.
 - Proof of compliance is not required with claim submission.
 - Medica reserves the right to request written demonstration of compliance.

Document
history

The document history for the past 12 months is outlined below.

Date	Description
9.17.24	Refreshed for age. Rental period upped from 2 to 3 months for Medica products.

Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">Quote durable medical equipment benefits.Rental Requirements: If the member has not previously used a CPAP, it must be rented for three (3) months.<ul style="list-style-type: none">Must be purchased or returned in the fourth (4th) month.Rental cost is applied to the purchase price.For investigative indications, not covered.CPAP supplies: Covered under DME benefits.<ul style="list-style-type: none">Note: Many CPAP supplies may have per claim and/or yearly quantity limits. See to DME Grid – Numeric for detailsFollows Medicare guidelines.Medicare is the primary payer.If no Medicare eligibility, Medicaid applies. See Medicaid below.
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, quote durable medical equipment (DME) benefits.Rental Requirements: If the member has not previously used a CPAP, it must be rented for three (3) months.<ul style="list-style-type: none">Must be purchased or returned in the fourth (4th) month.Rental cost is applied to the purchase price.For investigative indications, not covered.CPAP supplies: Covered under DME benefits.<ul style="list-style-type: none">Note: Many CPAP supplies may have per claim and/or yearly quantity limits. See to DME Grid – Numeric for details.
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, quote durable medical equipment benefits.Rental requirement: Must be rented for 13 continuous months prior to option to purchase.<ul style="list-style-type: none">Rental cost is applied to purchase price.After 13 months is up, claim will automatically convert CPAP to purchase.Replacement notes:<ul style="list-style-type: none">If a PAP device is replaced during the 5 year reasonable useful lifetime (RUL) because of loss, theft, or irreparable damage due to a specific incident, there is no requirement for a new clinical evaluation, sleep test, or 13-month trial period.If a PAP device is replaced following the 5 year RUL, there must be an in-person evaluation by their treating practitioner that documents that the beneficiary continues to use and benefit from the PAP device. There is no requirement for a new sleep test or 13-month trial period.CPAP supplies: Covered under DME benefits.<ul style="list-style-type: none">Note: Many CPAP supplies may have per claim and/or yearly quantity limits. See to DME Grid – Numeric for details.For investigative indications, not covered.Follows Medicare guidelines.

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Med Advantage	<p>Medica’s Coverage Policy, <i>Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote durable medical equipment benefits.• Rental Requirement: Must be rented for 13 continuous months prior to option to purchase.<ul style="list-style-type: none">– Rental cost is applied to purchase price.• CPAP supplies: Covered under DME benefits.<ul style="list-style-type: none">– Note: Many CPAP supplies may have per claim and/or yearly quantity limits. See to DME Grid – Numeric for details.• For investigative indications, not covered.• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Quote durable medical equipment benefits.</p> <ul style="list-style-type: none">• Rental requirement: Must be rented for 13 continuous months prior to option to purchase.<ul style="list-style-type: none">– Rental cost is applied to purchase price.– After 13 months is up, claim will automatically convert CPAP to purchase.• Replacement notes:<ul style="list-style-type: none">– If a PAP device is replaced during the 5-year reasonable useful lifetime (RUL) because of loss, theft, or irreparable damage due to a specific incident, there is no requirement for a new clinical evaluation, sleep test, or 13-month trial period.– If a PAP device is replaced following the 5-year RUL, there must be an in-person evaluation by their treating practitioner that documents that the beneficiary continues to use and benefit from the PAP device. There is no requirement for a new sleep test or 13-month trial period.• CPAP supplies: Covered under DME benefits.<ul style="list-style-type: none">– Note: Many CPAP supplies may have per claim and/or yearly quantity limits. See to DME Grid – Numeric for details.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	<p>Medica’s Coverage Policy, <i>Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote durable medical equipment (DME) benefits.• Rental Requirements: If the member has not previously used a CPAP, it must be rented for three (3) months.<ul style="list-style-type: none">– Must be purchased or returned in the fourth (4th) month.– Rental cost is applied to the purchase price.• For investigative indications, not covered.• CPAP supplies: Covered under DME benefits.<ul style="list-style-type: none">– Note: Many CPAP supplies may have per claim and/or yearly quantity limits. See to DME Grid – Numeric for details.• For investigative indications, not covered.				
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea</i> (MP9239), applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote durable medical equipment (DME) benefits.• Rental requirements: If the member has not previously used a CPAP, it must be rented for three (3) months.<ul style="list-style-type: none">– Must be purchased or returned in the fourth (4th) month.– Rental cost is applied to the purchase price.– At least one (1) month of rental is recommended for members who have not previously used a CPAP machine.• For investigative indications, not covered.• CPAP supplies: Quote under DME benefits.<ul style="list-style-type: none">– These are always purchased, even during the rental period.– Many CPAP supplies may have limits. See to DME Grid – Numeric for details.• Replacement: Available for rental or purchase when made necessary by normal wear and use.<ul style="list-style-type: none">– When replacing an existing C-PAP due to normal wear and use, rental period is not required.• Deductible/MOOP accumulation: Rental and purchase amounts apply to the deductible/MOOP for the current month.<ul style="list-style-type: none">– Example: A member on a calendar year deductible rents a C-PAP for November and December and purchases it in January. Rental costs apply to the deductible for November and December. The purchase price applies to the January deductible.• Usage compliance (PSC): Routinely defined as greater than four hours of usage per night and 70% usage within a 30-day period (such as an average of five nights usage per week).<ul style="list-style-type: none">– Some individuals can display adequate clinical benefit from C-PAP use when used consistently for shorter periods of time.– Proof of compliance is not required with claim submission.– Medica reserves the right to request written demonstration of compliance.				
Medica	<p>Medica’s Coverage Policy, <i>Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote durable medical equipment (DME) benefits.• Rental requirements: If the member has not previously used a CPAP, it must be rented for three (3) months.<ul style="list-style-type: none">– Must be purchased or returned in the fourth (4th) month.– Rental cost is applied to the purchase price.– At least one (1) month of rental is recommended for members who have not previously used a CPAP machine.• For investigative indications, not covered.• CPAP supplies: Quote under DME benefits.<ul style="list-style-type: none">– These are always purchased, even during the rental period.– Many CPAP supplies may have limits. See to DME Grid – Numeric for details.• Replacement: Available for rental or purchase when made necessary by normal wear and use.<ul style="list-style-type: none">– When replacing an existing C-PAP due to normal wear and use, rental period is not required.• Deductible/MOOP accumulation: Rental and purchase amounts apply to the deductible/MOOP for the current month.<ul style="list-style-type: none">– Example: A member on a calendar year deductible rents a C-PAP for November and December and purchases it in January. Rental costs apply to the deductible for November and December. The purchase price applies to the January deductible.• Usage compliance (PSC): Routinely defined as greater than four hours of usage per night and 70% usage within a 30-day period (such as an average of five nights usage per week).<ul style="list-style-type: none">– Some individuals can display adequate clinical benefit from C-PAP use when used consistently for shorter periods of time.– Proof of compliance is not required with claim submission.– Medica reserves the right to request written demonstration of compliance.				
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