Anthem BlueCross BlueShield

CPAP / BiPAP Devices and Related Supplies

The Continuous Positive Airway Pressure Device (CPAP) and Bi-level Positive Airway Pressure Device (BiPAP) are covered pieces of Durable Medical Equipment (DME) for Anthem Medicare Advantage members when medically necessary. In order to make sure that your claims are not unnecessarily delayed or denied we strongly encourage you to obtain prior authorization from Anthem.

The DME MAC Local Coverage Determination for your area addresses coverage criteria for both of these devices and related supplies. Please see below for a few highlights of the criteria used to determine coverage of CPAP and BiPAP devices;

**Pre-authorization requirements apply to the device and related supplies** or accessories such as face mask, headgear, pillows, cushions, tubing, filters & humidifiers.

The treating physician must conduct a clinical re-evaluation and document that the member is benefiting from CPAP or BiPAP therapy. Documentation of clinical benefit is demonstrated by face-to-face clinical re-evaluation by the treating physician with documentation that symptoms of obstructive sleep apnea are improved and objective evidence of adherence to use of the PAP device, reviewed by the treating physician.

**Adherence to therapy is defined as use of CPAP or BiPAP ≥4 hours per night on 70% of nights during a consecutive thirty day period anytime during the first three months of initial usage.** If the above criteria are not met, continued coverage of a CPAP or BiPAP device and related accessories will be denied as not reasonable and necessary.

If a CPAP device was used for more than three months and the member was then switched to a BiPAP device, the clinical re-evaluation must occur between the 31st and 91st day following the initiation of the BiPAP device. There would also need to be documentation of adherence to therapy during the three month trial with the BiPAP device.

Devices to monitor member use are not essential to the functioning of the equipment and are therefore not covered.

If you have questions about how to obtain a prior authorization, please call the number on the back of the member’s ID card. If you would like to view the complete list of equipment and services that require prior authorization, click here.

Y0071_14_19511_I_002

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (serving Virginia excluding the city of Fairfax, the town of Vienna and the area east of State Route 123): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; Compare Health Services Insurance Corporation ("Comparec") underwrites or administers the HMO policies; and Compare and BCBSWI collectively underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.