

# REIMBURSEMENT SERVICES HELPFUL HINTS FOR FILING

## BiPAP® AUTO SV™ SLEEP THERAPY SYSTEM

FOR PATIENTS WITH CENTRAL AND COMPLEX SLEEP APNEA AND PERIODIC BREATHING  
HCPCS E0470 AND E0471



### OVERVIEW

The following information describes the DME Regional Carriers' (DMERCs)/DME Program Safeguard Contractors' (DME PSCs) medical policies for Respiratory Assist Devices related to central and complex apnea and periodic breathing. Information was obtained from the DMEPOS Supplier Manuals and Local Coverage Decisions from each region. This is to be used as a guide. For specific instructions, please reference your Supplier Manual, or contact your DMERC/DME PSC medical director or DME Medicare Administrative Contractor (MAC) provider helpline.

#### General Coverage Guidelines

The treating physician must be one who is qualified, by virtue of experience and training in noninvasive respiratory assistance, to order and monitor the use of respiratory assist devices.

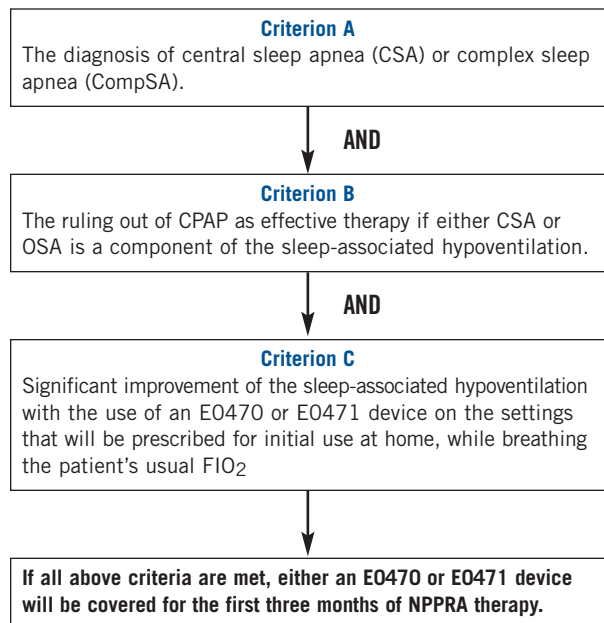
For the purpose of the policy, polysomnographic studies must be performed in a sleep study laboratory, and not in a home or in a mobile facility. The laboratory must also comply with all applicable state regulatory requirements. For the purpose of the policy, arterial blood gas, overnight oximetry and polysomnographic studies may not be performed by a DME supplier. This prohibition does not extend to results of studies conducted by hospitals certified to do such tests.

If at any time the patient discontinues use of E0470 or E0471, the supplier is expected to ascertain this and discontinue billing for the equipment and related accessories and supplies.

The treating physician must fully document in the patient's medical record, the symptoms characteristic of sleep-associated hypoventilation, such as daytime hypersomnolence, excessive fatigue, morning headache, cognitive dysfunction, dyspnea, etc.

#### Central Sleep Apnea or Complex Sleep Apnea

*Note: All coverage criteria below, including those outlined in the CSA and CompSA definitions, must be met for coverage.*



Central sleep apnea (CSA) is defined as:

1. An apnea hypopnea index (AHI) greater than 5; **AND**
2. Central apneas/hypopneas greater than 50% of the total apneas/hypopneas; **AND**
3. Central apneas or hypopneas greater than or equal to 5 times per hour; **AND**
4. Symptoms of either excessive sleepiness or disrupted sleep.

Complex sleep apnea (CompSA) is a form of central apnea specifically identified by the persistence or emergence of central apneas or hypopneas upon exposure to CPAP or an E0470 device when obstructive events have disappeared. These patients have predominately obstructive or mixed apneas during the diagnostic sleep study occurring at greater than or equal to 5 times per hour. With use of a CPAP or E0470, they show a pattern of apneas and hypopneas that meets the definition of CSA described above.

ICD-9 Code	Description	Possible ICD-9 Diagnosis Codes
327.21	Primary central sleep apnea	
327.22	Central sleep apnea due to high-altitude periodic breathing	
327.27	Central sleep apnea in conditions specified elsewhere	
327.29	Other organic sleep apnea	
786.04	Cheyne-Stokes respiration (Central sleep apnea due to Cheyne-Stokes Breathing Pattern)*	

\*BiPAP autoSV is cleared for the treatment of periodic breathing, such as Cheyne-Stokes respiration.

## 2007 Medicare Reimbursement for E0471 Based on National Average Allowable

Allowable Per Month	Rental Months	Total Allowed	Medicare Payment (80%)	Co-pay (20%)
\$602.06	1-3	\$1,806.18	\$1,444.94	\$361.24
\$451.55 (\$602.06 x 75%)	4-13	\$4,515.50	\$3,612.40	\$903.10
	<b>TOTALS</b>	<b>\$6,321.68</b>	<b>\$5,057.34</b>	<b>\$1,264.34</b>

## Coding Guidelines for Equipment and Accessories

	HCPCS Code (Effective 01/01/06)	Description	Payment Category/Maximum
<b>Equipment*</b>	E0470	Respiratory assist device, bi-level pressure capability, <b>without backup rate feature</b> , used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device). BiPAP® Pro with Bi-Flex®, BiPAP Pro 2 with Bi-Flex, BiPAP Plus, BiPAP Auto with Bi-Flex M Series, BiPAP Plus with Bi-Flex M Series	Capped Rental • Rental payment can be made for up to 13 months of continuous use.
	E0471	Respiratory assist device, bi-level pressure capability, <b>with backup rate feature</b> , used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device). BiPAP S/T, BiPAP Synchrony® S/T, BiPAP autoSV.	On or After 04/01/06: • Capped rental only • Rental payment can be made for up to 13 months of continuous use.  Prior to 04/01/06: Items Requiring Frequent and Substantial Servicing • Equipment is provided to the beneficiary on a monthly rental basis until medical necessity ends.
<b>Accessories</b>	A4604	Tubing with integrated heating element for use with positive airway pressure device	1 per 3 months
	A7030	Full face mask used with positive airway pressure device, each	1 per 3 months
	A7031	Face mask interface, replacement for full face mask, each	1 per 1 month
	A7032	Cushion for use on nasal mask interface, replacement only, each	2 per 1 month
	A7033	Pillow for use on nasal cannula type interface, replacement only, pair	2 per 1 month
	A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	1 per 3 months
	A7035	Headgear	1 per 6 months
	A7036	Chin strap	1 per 6 months
	A7037	Tubing	1 per 1 month
	A7038	Filter, disposable	2 per 1 month
	A7039	Filter, nondisposable	1 per 6 months
	A7045	Exhalation port with or without swivel, replacement only	Not specified in current DMERC/DME MAC policy
	A7046	Water chamber for humidifier, replacement each	1 per 6 months
	A9279	Monitoring feature/device, stand-alone or integrated, any type. Includes all accessories, components and electronics, not otherwise classified.	No current fee schedule allowance
	E0561	Humidifier, nonheated	N/A purchase
	E0562	Humidifier, heated	N/A purchase

\* Please note that a -KX modifier is necessary to include when billing E0471. The -KX modifier should also be added when billing accessories.

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FOR MORE INFORMATION FROM RESPIRONICS CONCERNING		
Reimbursement:	Contact:	Website/Phone:
Information & Fee Schedules	Respironics Website	www.respironics.com
Educational Materials & Questions (coding, coverage and payment)	Customer Service	1-800-345-6443; listen to the instructions and follow prompts to select the Insurance Reimbursement Information option

Customer Service: 1-800-345-6443 or 724-387-4000  
 Respironics Europe, Africa, Middle East: +33-1-47-52-30-00  
 Respironics Asia Pacific: +852-3194-2280  
 www.respironics.com  
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