



**PEDIATRIC CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)  
HS-099**



Care1st Health Plan Arizona, Inc.

Easy Choice Health Plan

Harmony Health Plan of Illinois

Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

**Pediatric Continuous Positive Airway Pressure (CPAP)**

Policy Number: HS-099

Original Effective Date: 4/16/2009

Revised Date(s): 8/4/2011; 6/7/2012; 5/2/2013; 4/3/2014; 4/2/2015; 12/3/2015; 1/12/2017; 12/7/2017; 11/1/2018

Commented [KK1]: Coding reviewed 01/22/19

**APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

**DISCLAIMER**

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

**BACKGROUND**

Obstructive sleep apnea syndrome (OSAS) is a disorder of breathing in which prolonged partial upper airway obstruction and/or intermittent complete obstruction occurs during sleep disrupting normal ventilation and normal sleep patterns. The signs and symptoms of OSAS in children include habitual snoring (often with intermittent pauses, snorts, or gasps) with labored breathing, observed apneas, restless sleep, and daytime neurobehavioral problems. Nocturnal enuresis, diaphoresis, cyanosis, mouth breathing, nasal obstruction during wakefulness, adenoidal facies, and hyponasal speech may also be present. Daytime sleepiness is sometimes reported but hyperactivity can frequently occur. Severe complications of untreated OSAS in children include systemic hypertension, pulmonary hypertension, failure to thrive, cor pulmonale, and heart failure. Adenotonsillectomy remains the treatment of choice for most children with a strong clinical history of OSA or with OSA documented by polysomnography. Anatomically, the tonsils and adenoids represent the most common area of hypertrophy that contributes to airway obstruction. Numerous studies have documented improvement in snoring, OSA, enuresis, behavior, and

growth following adenotonsillectomy.<sup>1</sup> The parameters originally used to evaluate childhood polysomnograms were based on adult values. OSA in adults is defined as a respiratory pause lasting more than 10 seconds. Because of children's different physiology and higher baseline respiratory rate, clinically relevant apneas may not last this long. Apneas of three to four seconds' duration can be accompanied by desaturations. These findings have led to the development of separate guidelines for the interpretation of polysomnograms in children. In children, an apnea-hypopnea index greater than 1 (average: 0.1 to 0.5 events per hour) or a minimum oxygen saturation of less than 92 percent (average: 96 percent  $\pm$  2 percent) is considered abnormal. The apnea-hypopnea index is calculated as the average number of apneas and hypopneas per hour of sleep.<sup>2</sup>

#### **POSITION STATEMENT**

##### **Applicable To:**

- Medicaid

Continuous Positive Airway Pressure (CPAP) for children ages less than 18 is **considered medically necessary** when the following criteria are met:

- There is a documented diagnosis of obstructive sleep apnea; **OR**
- Polysomnography demonstrates apnea-hypopnea index (AHI) equal to or greater than 1; **OR**
- Other diagnosis considered on an individual basis as reviewed by a medical director for medical necessity;

##### **AND,**

- Adenotonsillectomy has been unsuccessful in relieving OSA; **OR,**
- Adenotonsillar tissue is minimal; **OR,**
- Adenotonsillectomy is inappropriate based on OSA being attributable to another underlying cause such as craniofacial anomaly); **OR,**
- Adenotonsillectomy is contraindicated.

#### **CODING**

##### **Covered CPT®\* Code**

**94660** CPAP -Continuous positive airway pressure ventilation, initiation and management

##### **Covered HCPCS Level II Codes**

- A7027** Combination oral/nasal mask, used with continuous positive airway pressure device, each
- A7028** Oral cushion for combination oral/nasal mask, replacement only, each
- A7029** Nasal pillows for combination oral/nasal mask, replacement only, pair
- A7030** Full face mask used with positive airway pressure device, each
- A7031** Face mask interface, replacement for full face mask, each
- A7032** Cushion for use on nasal mask interface, replacement only, each
- A7033** Pillow for use on nasal cannula type interface, replacement only, pair
- A7034** Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
- A7035** Headgear used with positive airway pressure device
- A7036** Chinstrap used with positive airway pressure device
- A7037** Tubing used with positive airway pressure device
- A7038** Filter, disposable, used with positive airway pressure device
- A7039** Filter, non-disposable, used with positive airway pressure device
- A7044** Oral interface used with positive airway pressure device, each
- A7045** Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
- A7046** Water chamber for humidifier, used with positive airway pressure device, replacement, each
- E0470** Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
- E0471** Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
- E0472** Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
- E0561** Humidifier, non-heated, used with positive airway pressure device



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- E0562** Humidifier, heated, used with positive airway pressure device  
**E0601** Continuous airway pressure (CPAP) device

**Covered ICD-10-PCS (Inpatient Only)**

- 5A09357** Extracorporeal Assistance & Performance; Physiological Systems; Assistance; Respiratory; less than 24 consecutive hours; ventilation; Continuous Positive Airway Pressure  
**5A09457** Extracorporeal Assistance & Performance; Physiological Systems; Assistance; Respiratory; 24-96 consecutive hours; ventilation; Continuous Positive Airway Pressure  
**5A09557** Extracorporeal Assistance & Performance; Physiological Systems; Assistance; Respiratory; Greater than 96 consecutive hours; ventilation; Continuous Positive Airway Pressure

**Covered ICD-10-CM Diagnosis Codes – Not all inclusive**

- G47.33** Obstructive sleep apnea (adult)(pediatric)  
**P28.3** Primary sleep apnea of newborn

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

**REFERENCES**

1. American Academy of Pediatrics. Clinical practice guideline: diagnosis and management of childhood obstructive sleep apnea syndrome. *Pediatrics*. 2002;109(4):704-712.  
Marcus CL, Brooks LJ, Draper KA, Gozal D., Halbower AC, Jones J, et al. Diagnosis and management of childhood obstructive sleep apnea syndrome. *Pediatrics*. 2012;130(3):576-84. doi: 10.1542/peds.2012-1671. <http://pediatrics.aappublications.org/content/pediatrics/130/3/576.full.pdf>. Accessed October 23, 2018.

**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

Date	Action
11/1/2018, 12/7/2017, 1/12/2017	• Approved by MPC. No Changes.
12/3/2015	• Approved by MPC. Clarified; CCG not limited only to a diagnosis of OSA.
4/2/2015, 4/3/2014, 5/2/2013, 6/7/2012	• Approved by MPC. No changes.
12/1/2011	• New template design approved by MPC.
8/4/2011	• Approved by MPC. Non substantive change; added highlighted areas to more clearly define age of pediatric patient 1-2). Previously defined on p. 2 as 0-12; now reads "less than 18".