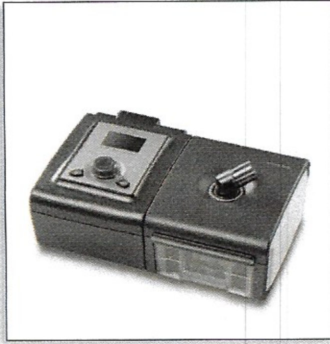


Helpful hints for filing

System One BiPAP autoSV Advanced – Sleep Therapy System

For patients with central or complex sleep apnea and periodic breathing

HCPCS Code E0470 and E0471

Overview

The following information describes the Durable Medical Equipment Medicare Administrative Contractors' (DME MAC) 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 guide is for illustrative purposes only; it is not meant to be used as legal or reimbursement guidance. For specific instructions, please reference your supplier manual, or contact your DME MAC medical director or 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 consideration of coverage, 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. Arterial blood gas, sleep 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 the Respiratory Assist Device (RAD) and discontinue billing for the equipment and related accessories and supplies.

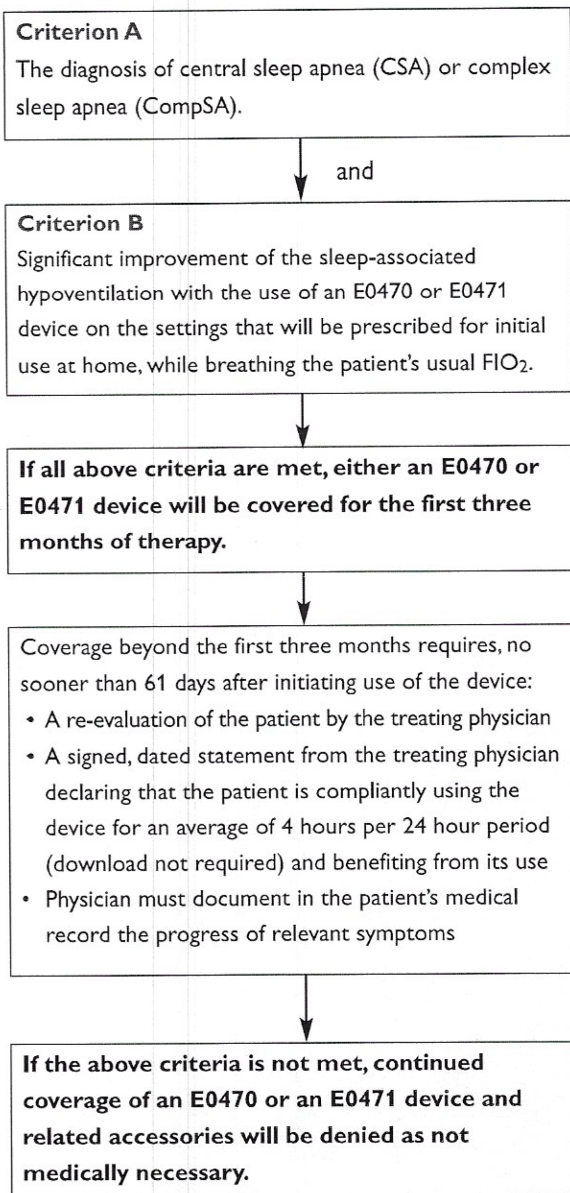
The treating physician must fully document in the patient's medical record the symptoms characteristic of sleep-associated hypoventilation, such as daytime hypersomnolence, excessive fatigue, morning headache, cognitive dysfunction, dyspnea, etc.

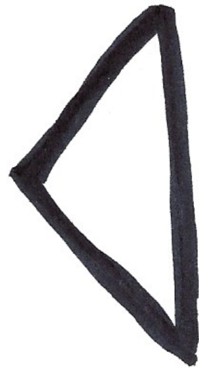
PHILIPS

RESPIRONICS

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) > 5; and
2. Central apneas/hypopneas > 50% of the total apneas/hypopneas; and
3. Central apneas or hypopneas ≥ 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 five 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.

Relevant ICD-9-CM diagnosis code	
ICD-9 code	**Description**
327.21	Primary central sleep apnea
327.22	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)*
	There is no ICD-9 code for complex sleep apnea. Document presence of any central sleep apnea using code above.

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

Medicare national average allowables for E0470 and E0471:

HCPCS code	Allowable per month*	Rental months†	Total allowed	Medicare payment (80%)	Coinsurance (20%)
E0470					
BiPAP Auto	$ 232.48	1-3	$ 697.43	$ 557.94	$ 139.49
BiPAP Plus	$ 174.36	4-13	$1,743.58	$1,394.86	$ 348.72
		Totals	$2,441.01	$1,952.80	$ 488.21
E0471					
BiPAP S/T	$ 570.38	1-3	$1,711.14	$1,368.91	$ 342.23
BiPAP autoSV Advanced	$ 427.78	4-13	$4,277.85	$3,422.28	$ 855.57
		Totals	$5,988.99	$4,791.19	$1,197.80

*Allowable per month is based on 2013 DMEPOS fee schedule national average excluding non-continental areas that are not subject to the ceiling and floor rate limits.

†Rental months 4-13 subject to 75% of allowed amount; Medicare pays 80% of that amount while the beneficiary or a secondary insurance pays the remaining 20%.

HCPCS code	Description	Payment category/maximum
Equipment*		
E0470 BiPAP Auto and BiPAP Plus	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device).	Capped rental • Rental payment can be made for up to 13 months of continuous use.
E0471 BiPAP S/T and BiPAP autoSV Advanced	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device).	Capped rental • Rental payment can be made for up to 13 months of continuous use.
Accessories		
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 headstrap	1 per 3 months
A7035	Headgear	1 per 6 months
A7036	Chin strap	1 per 6 months
A7037	Tubing	1 per 3 months
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 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 E0470 and E0471. The -KX modifier also should be added when billing accessories used with E0470 and E0471.

This information should not be considered to be either legal or reimbursement advice. Given the rapid and constant change in public and private reimbursement, Philips Respironics cannot guarantee the accuracy or timeliness of this information and urges you to seek your own counsel and experts for guidance related to reimbursement, including coverage, coding and payment.

For more information from Philips Respironics concerning

Reimbursement	Customer service	Website
Information and fee schedules Educational materials and questions (coding, coverage and payment)	1-800-345-6443; listen to the instructions and follow prompts to select the insurance reimbursement information option	www.philips.com/respironics