MEDICAL POLICY – 1.01.524
Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea
BCBSA Ref. Policy: 2.01.18

Effective Date
May 1, 2017

Last Revised:
Oct. 27, 2017

Replaces:
N/A

RELATED MEDICAL POLICIES:
2.01.503 Polysomnography and Home Sleep Study for Diagnosis of Obstructive Sleep Apnea
2.01.532 Intraoral Appliances for the Treatment of Obstructive Sleep Apnea

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | CODING | RELATED INFORMATION
EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Obstructive sleep apnea is a breathing disorder during sleep where an individual does not breathe regularly or deeply enough to keep adequate oxygen levels in the blood. Usually this results from a blockage in the upper airway due to any of the following: throat muscles collapsing, the tongue falling into the airway, or large tonsils or adenoids getting in the way of airflow. For most people the best treatment for sleep apnea is a positive airway pressure (PAP) device that is used while sleeping. A PAP device works by increasing air pressure in the throat to prevent it from collapsing as a person breathes. Using a PAP device includes wearing a fitted mask. There are three main types of PAP devices.

**CPAP:** Continuous positive airway pressure device provides a stream of air at one steady pressure during sleep. This is the most commonly used device and works for most people. Modifications of basic PAP devices with various pressure relief technologies (A-Flex, Bi-Flex, C-Flex and C-Flex +) are also available.

**BiPAP:** Bilevel positive airway pressure (also called BPAP) has two settings. One setting is for when you breathe in and the other is for when you breathe out. BiPAP is often the second line treatment, if C-PAP does not work.
**APAP:** Automatic positive airway pressure has certain settings and the pressure will automatically adjust itself as a person sleeps to ensure the airway stays open. This device is often used to determine what pressures are needed to treat a person with sleep apnea, and can be used in the home setting.

This policy describes when a PAP device may be considered medically necessary and how the health plan pays for PAP devices.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

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**Policy Coverage Criteria**

<table>
<thead>
<tr>
<th>Device</th>
<th>Medical Necessity</th>
</tr>
</thead>
</table>
| **Continuous positive airway pressure (CPAP)** | **A continuous positive airway pressure (CPAP) device may be considered medically necessary for adult or pediatric patients diagnosed with obstructive sleep apnea (OSA) when the following criteria are met:**  
  - A physician with training in sleep disorders evaluated the patient and ordered the CPAP device AND all of the following:  
    - All CPAP devices require a 3 month rental period prior to purchase  
    - During the first three months adherence to therapy is documented for at least 30 days  
    - Adherence is defined as use of PAP device for 4 or more hours per night on 70% of nights during the 30 day period  
  **Note:**  
  - A claim submitted with the KX modifier is considered documentation of adherence (see Documentation and Coding sections). |

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### Device | Medical Necessity
--- | ---
• The Company requires a full 3 months rental before purchase, even if the criteria are met within the first month.
• A successful CPAP trial will allow purchase of a CPAP unit for up to 12 months following that trial.

**Auto-adjusting PAP (APAP) OR Bi-level airway pressure (BiPAP/BPAP)**

A bi-level positive airway pressure (BiPAP/BPAP) or auto-adjusting PAP (APAP) device may be considered medically necessary for patients diagnosed with OSA when the following criteria are met:

- A three month trial of CPAP was ineffective in resolving OSA symptoms
- A physician with training in sleep disorders evaluated the patient and ordered the APAP or BiPAP device

**PAP accessories and supplies**

Accessories and supplies may be considered medically necessary when used with a PAP device eligible for coverage benefits.

Accessory add-ons and upgrades of an existing PAP device are considered not medically necessary when a current PAP device is functional and meets the member’s current basic functional medical needs.

### Device | Investigational
--- | ---
**Other devices used for obstructive sleep apnea (OSA) treatment**

The following devices are considered investigational to treat OSA:

- Nasal expiratory positive airway pressure (EPAP) device (eg, Provent ®)
- Oral pressure therapy (OPT) device (eg, The Winx™ Sleep Therapy System)
- Adaptive servo-ventilation (ASV) device

**Note:** Intra-Oral Devices – Intra-oral devices for treatment of obstructive sleep apnea are addressed in a separate medical policy (see Related Policies).
<table>
<thead>
<tr>
<th>Rental/Purchase/Repair/Replacement</th>
<th>Coverage Eligibility</th>
</tr>
</thead>
</table>
| **Continued PAP Device**          | If a patient fails to meet the adherence criteria during the first three-month trial rental period, a second three-month (12 weeks) rental for a CPAP trial, when requested, may be considered if documentation is submitted showing:  
• The patient was re-evaluated by the treating physician or respiratory therapist and  
• Prior to purchase the patient adhered to using the PAP device during the second three-month (12 weeks) trial rental period.  |
| • Rental                          |                     |
| • Failed initial PAP device trial |                     |
| **Repair**                        | Repair of a patient-owned PAP device is eligible for coverage when:  
• Repairs are needed to make the device functional due to reasonable wear and tear or accidental damage due to a specific incident  
• The manufacturer’s warranty has expired |
| **Replacement**                   | Replacement of a patient-owned device is eligible for coverage when:  
• The five year reasonable useful lifetime (RUL) has passed  
  **AND**  
• The device is not working, and cannot be repaired  
  **OR**  
• During the five year RUL because of loss, theft, or irreparable damage due to a specific incident |
| **Notes**:                         | Replacement does not require a new clinical evaluation, sleep test, or 3-month rental period.  
The RA modifier is submitted for replacement of member-owned PAP equipment (see Coding section). |
**Documentation**

For re-evaluation, the patient’s medical record should include documentation of visits after PAP therapy along with the following:

- Statement about PAP use adherence and effectiveness of resolving OSA symptoms
- Plans for ongoing treatment
- The specific interventions provided to help the patient use the equipment effectively and resolve any ongoing OSA symptoms
- The reason(s) for a change from a CPAP to BiPAP device, if applicable

Medical records for re-evaluations should include detailed narrative notes about the face to face clinical assessment. This information does not have to be submitted with the claim but must be kept by the supplier and treating practitioner(s) and be available if requested.

**For adherence, the patient’s medical record should include documentation of PAP device therapy in the form of the following:**

- Copy of a usage report from the PAP device’s memory
- A statement that the written report was reviewed by the treating physician, respiratory therapist or supplier

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**Coding**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPT</strong></td>
<td></td>
</tr>
<tr>
<td>94799</td>
<td>Unlisted pulmonary service or procedure</td>
</tr>
</tbody>
</table>

**Positive Airway Pressure Device**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0470</td>
<td>Respiratory assist device, Bi-level pressure capability, without backup rate feature, used with noninvasive interface, eg, nasal or facial mask (intermittent assist device with continuous positive airway pressure device)</td>
</tr>
<tr>
<td>E0471</td>
<td>Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, eg, nasal or facial mask (intermittent assist device with continuous positive airway pressure device)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>E0601</td>
<td>Continuous airway pressure (CPAP) device</td>
</tr>
<tr>
<td>G47.33</td>
<td>Obstructive sleep apnea (Adult) (Pediatric)</td>
</tr>
<tr>
<td></td>
<td><strong>Accessories</strong></td>
</tr>
<tr>
<td>A4604</td>
<td>Tubing with integrated heating element for use with positive airway pressure device</td>
</tr>
<tr>
<td>A7027</td>
<td>Combination oral/nasal mask, used with continuous positive airway pressure device, each</td>
</tr>
<tr>
<td>A7028</td>
<td>Oral cushion for combination oral/nasal mask, replacement only, each</td>
</tr>
<tr>
<td>A7029</td>
<td>Nasal pillows for combination oral/nasal mask, replacement only, pair</td>
</tr>
<tr>
<td>A7030</td>
<td>Full face mask used with positive airway pressure device, each</td>
</tr>
<tr>
<td>A7031</td>
<td>Face mask interface, replacement for full face mask, each</td>
</tr>
<tr>
<td>A7032</td>
<td>Cushion for use on nasal mask interface, replacement only, each</td>
</tr>
<tr>
<td>A7033</td>
<td>Pillow for use on nasal cannula type interface, replacement only, pair</td>
</tr>
<tr>
<td>A7034</td>
<td>Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap</td>
</tr>
<tr>
<td>A7035</td>
<td>Headgear used with positive airway pressure device</td>
</tr>
<tr>
<td>A7036</td>
<td>Chinstrap used with positive airway pressure device</td>
</tr>
<tr>
<td>A7037</td>
<td>Tubing used with positive airway pressure device</td>
</tr>
<tr>
<td>A7038</td>
<td>Filter, disposable, used with positive airway pressure device</td>
</tr>
<tr>
<td>A7039</td>
<td>Filter, nondisposable, used with positive airway pressure device</td>
</tr>
<tr>
<td>A7044</td>
<td>Oral interface used with positive airway pressure device, each</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A7045</td>
<td>Exhalation port with or without swivel used with accessories for positive airway devices, replacement only</td>
</tr>
<tr>
<td>A7046</td>
<td>Water chamber for humidifier, used with positive airway pressure device, replacement, each</td>
</tr>
</tbody>
</table>

### Patient Compliant Monitoring Devices

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>1 per 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>A9279</td>
<td>Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified</td>
<td>Integral to PAP; not eligible for separate reimbursement.</td>
</tr>
</tbody>
</table>

### Humidifier

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>1 per 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0561</td>
<td>Humidifier, nonheated, used with positive airway pressure device</td>
<td>Covered when used with allowed E0470 or E0601*</td>
</tr>
<tr>
<td>E0562</td>
<td>Humidifier, heated, used with positive airway pressure device</td>
<td>Covered when used with allowed E0470 or E0601*</td>
</tr>
</tbody>
</table>

### Modifiers

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>1 per 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>KX</td>
<td>On initial claims (first through third months) and continued coverage (beyond first 3 months), suppliers must add a KX modifier to codes for PAP equipment.**</td>
<td>Covered when used with allowed E0470 or E0601*</td>
</tr>
<tr>
<td>NU</td>
<td>New Equipment</td>
<td></td>
</tr>
<tr>
<td>RA</td>
<td>Replacement of patient-owned DMEPOS due to the expiration of the equipment’s RUL (reasonable use lifetime) or to loss, irreparable damage, or when the item has been stolen.</td>
<td>Covered when used with allowed E0470 or E0601*</td>
</tr>
</tbody>
</table>

**Note:** RA only needs to be appended to first month claim, and claims should include a narrative explaining the reason for the replacement.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>1 per 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR</td>
<td>DME Rental</td>
<td></td>
</tr>
</tbody>
</table>

*When ordered by treating physician and coverage criteria are met.

**If the supplier does not obtain information from the physician that the member has demonstrated improvement in their OSA symptoms and is adhering to PAP therapy in time for submission of the fourth or succeeding months’ claims, the supplier may still submit the claims, but a KX modifier must not be added.

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Definition of Terms

Adherence to therapy: The use of a PAP device for 4 or more continuous hours per night on 70% of nights during a consecutive thirty (30) day period anytime during the first three (3) months/12 weeks of initial usage.

A claim submitted with the KX modifier is considered documentation of adherence (see Documentation section).

Ineffective therapy: Defined as documented failure to meet therapeutic goals using a CPAP device during the titration portion of a facility-based study or during home use despite optimal therapy (i.e., proper mask selection and fitting and appropriate pressure settings).

Obstructive sleep apnea (OSA): A condition caused by obstruction of the upper airway. Symptoms include repeated pauses in breathing during sleep and are usually associated with a reduction in blood oxygen saturation.

Polysomnogram: Also known as a “sleep study” is a diagnostic test for obstructive sleep apnea. The patient is connected to a variety of monitoring devices that record at least 4 physiologic variables while sleeping (e.g., heart rate, sleep/wake activity, blood oxygen saturation, respiratory effort monitoring).

Titration of a PAP device: Testing that is done to find the right airflow pressure settings of the equipment to keep the patient’s airway open yet allow the patient to sleep. The airflow pressure of the PAP device is “titrated” (increased/decreased) to discover a single fixed pressure that works for the individual. Titration can be done in the home setting using an auto-pap device. For some individuals a facility based titration may be needed, the criteria for a facility based-titration are outlined in related policy 2.01.503.
Description

There are various types of positive airway pressure devices (i.e., fixed continuous positive airway pressure [CPAP], bi-level positive airway pressure [BPAP], or auto-adjusting positive airway pressure [APAP]).¹ This policy only addresses the use of PAP devices for medical management of obstructive sleep apnea (not central sleep apnea) after a sleep study and clinical evaluation confirm the diagnosis. Sleep studies are addressed in a separate policy (see Related Policies).

CPAP involves the administration of air usually through the nose by an external device at a fixed oxygen pressure to maintain the patency of the upper airway.

BPAP is similar to CPAP but these devices are capable of generating two adjustable pressure levels that may be more comfortable for the patient compared to the fixed oxygen level.

ASV (adaptive servo-ventilation) is a form of bilevel positive airway pressure (BPAP) therapy that is increasingly used to treat sleep-related breathing disorders, particularly central sleep apnea (CSA). Similar to BPAP and CPAP, ASV provides expiratory positive airway pressure that can be adjusted to control obstructive events. However, ASV therapy differs from CPAP or BPAP by providing dynamic (i.e. breath-by-breath) adjustment of inspiratory pressure support and utilizing an auto-backup rate to normalize breathing rate relative to a predetermined target.

APAP adjusts the level of pressure based on the level of resistance, and thus administers a lower mean level of positive pressure during the night. Both BPAP and APAP are considered by some specialists to be more comfortable for the patient, and thus might improve usage compliance or acceptance.

Rationale

Giles and colleagues reported that Cochrane reviews concluded that both CPAP and oral appliances resulted in objective and subjective improvements in those with obstructive sleep apnea.² Thirty-six randomized trials involving 1,718 people met the inclusion criteria for comparison of nocturnal CPAP with an inactive control or oral appliances in adults with obstructive sleep apnea (defined as AHI greater than 5 per hour). The authors concluded that CPAP is effective in reducing symptoms of sleepiness and improving quality of life measures in people with moderate and severe obstructive sleep apnea. It is more effective than oral appliances in reducing respiratory disturbances but subjective outcomes are more equivocal. Certain people tend to prefer oral appliances to CPAP where both are effective. Short-term data
indicate that CPAP leads to lower blood pressure than control. Long-term data are required for all outcomes in order to determine whether the initial benefits seen in short-term clinical trials persist.

Skomro et al. (2010) published results of a randomized controlled trial with 102 subjects consisting of home-based level 3 testing followed by 1 week of auto-CPAP and fixed-pressure CPAP. The outcome measures were measured by daytime sleepiness (ESS), sleep quality (Pittsburgh Sleep Quality Index (PSQI)), quality of life (Calgary Sleep Apnea Quality), 36-Item Short-Form Health Survey (SF-36), BP, and CPAP adherence after 4 weeks. Their conclusions stated that compared with the home-based protocol, diagnosis and treatment of OSA in the sleep laboratory does not lead to superior 4-week outcomes in sleepiness scores, sleep quality, quality of life, BP, and CPAP adherence.

In 2011, the Agency for Healthcare Research and Quality (AHRQ) conducted a comparative effectiveness review (CER) on the diagnosis and treatment of OSA in adults. The review found that based on the strength of the evidence that CPAP is rated as moderate for being an effective treatment to alleviate sleep apnea signs and symptoms. The strength of the evidence that mandibular advancement devices improve sleep apnea signs and symptoms was rated moderate, and there was moderate evidence that CPAP is superior to mandibular advancement devices in improving sleep study measures.

There is a lack of studies on the use of ASV to treat obstructive sleep apnea. There are studies of ASV for use in heart failure patients with central apnea or Cheyne-Strokes respiration. Therefore, this device is considered investigational for the use in treatment of obstructive sleep apnea.

**Practice Guidelines and Position Statements**

**American Academy Sleep Medicine (AASM)**

In 2008, AASM published practice parameters on the use of APAP as detailed below:

1. APAP devices are not recommended to diagnose OSA;

2. Patients with congestive heart failure, patients with significant lung disease such as chronic obstructive pulmonary disease; patients expected to have nocturnal arterial oxyhemoglobin desaturation due to conditions other than OSA (e.g., obesity hypoventilation syndrome); patients who do not snore (either naturally or as a result of palate surgery); and patients who
have central sleep apnea syndromes are not currently candidates for APAP titration or treatment;

3. APAP devices are not currently recommended for split-night titration;

4. Certain APAP devices may be used during attended titration with polysomnography to identify a single pressure for use with standard CPAP for treatment of moderate to severe OSA;

5. Certain APAP devices may be initiated and used in the self-adjusting mode for unattended treatment of patients with moderate to severe OSA without significant comorbidities (CHF, COPD, central sleep apnea syndromes, or hypoventilation syndromes);

6. Certain APAP devices may be used in an unattended way to determine a fixed CPAP treatment pressure for patients with moderate to severe OSA without significant comorbidities (CHF, COPD, central sleep apnea syndromes, or hypoventilation syndromes);

7. Patients being treated with fixed CPAP on the basis of APAP titration or being treated with APAP must have close clinical follow-up to determine treatment effectiveness and safety; and

8. A re-evaluation and, if necessary, a standard attended CPAP titration should be performed if symptoms do not resolve or the APAP treatment otherwise appears to lack efficacy.

In 2016, AASM published updated recommendations for adaptive servo-ventilation in the treatment of central sleep apnea syndromes in adults. There are no AASM recommendations for the use of ASV for obstructive sleep apnea.

**American College of Physicians (ACP)**

The ACP 2013 Guidelines on the management of OSA in adults recommend that all overweight and obese patients diagnosed with OSA should be encouraged to lose weight (strong recommendation, low quality evidence). ACP recommends CPAP as initial therapy for patients diagnosed with OSA (strong recommendation; moderate-quality evidence), and mandibular advancement devices as an alternative therapy to CPAP for patients diagnosed with OSA who prefer mandibular advancement devices or for those with adverse effects associated with CPAP (weak recommendation, low-quality evidence). (See Related Policies)
Medicare National Coverage

There is no national coverage determination (NCD). In the absence of an NCD, coverage decisions are left to the discretion of local Medicare carriers.

Regulatory Status

The use of CPAP devices are covered under Medicare when ordered and prescribed by the licensed treating physician to be used in adults with OSA if either of the following criteria using the AHI or RDI are met:

- AHI or RDI of 15 events per hour or more, or
- AHI or RDI between 5 and 14 events per hour with documented symptoms of excessive daytime sleepiness, impaired cognition, mood disorders or insomnia, or documented hypertension, ischemic heart disease, or history of stroke.

Additional details of Medicare coverage and updates on PAP devices are available online.²

References


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**History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/09/12</td>
<td>New DME policy. Information on CPAP extracted from 2.01.503 to create this policy. The policy has a 90-day hold for provider notification and is effective 2/11/13.</td>
</tr>
<tr>
<td>01/24/13</td>
<td>Removed code E0471. Revised description of continued coverage with modifiers.</td>
</tr>
<tr>
<td>08/15/13</td>
<td>Update Related Policies. Change policy title to 2.01.503.</td>
</tr>
<tr>
<td>09/11/13</td>
<td>Update Related Policies. Add 1.01.526.</td>
</tr>
<tr>
<td>10/16/13</td>
<td>Update Related Policies. Change policy title to 2.01.503.</td>
</tr>
<tr>
<td>01/21/14</td>
<td>Revised. Added modifier RA and explanation for use. Clarified replacement language. Clarified continued coverage language.</td>
</tr>
<tr>
<td>07/14/14</td>
<td>Interim update. Added titration information. Added Nasal Expiratory Positive Airway Pressure Device and Oral Pressure (Winx) Device information. Policy will be effective October 23, 2014 to correspond with updates to 2.01.532 which are effective on that date.</td>
</tr>
<tr>
<td>10/23/14</td>
<td>Reissue policy as updates are now effective; previous version removed from websites.</td>
</tr>
<tr>
<td>12/17/14</td>
<td>Coding update. HCPCS code E0471 added to the policy. No other changes.</td>
</tr>
<tr>
<td>04/14/15</td>
<td>Annual Review. Policy reviewed with literature search through February 2015. Policy extensively rewritten and reformatted for usability. Policy statements simplified with removal of detailed criteria about the apnea hypoxia index (AHI) and respiratory disturbance index (RDI). Policy Guidelines reformatted and rewritten for ease of use; Purchase and Repair subsections added. Coding table removed from Policy Guidelines. Medicare NCD information added. Reference 6, 7, 8 added; others renumbered. Policy statements simplified as noted.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>06/02/15</td>
<td>Update Related Policies. Change title to 2.01.532.</td>
</tr>
<tr>
<td>08/11/15</td>
<td>Interim Update. Re added Table of supplies/accessory replacement frequencies. Removed information on PAP device initiation with titration and placed in policy 2.01.503.</td>
</tr>
<tr>
<td>01/12/16</td>
<td>Annual Review. Simplified policy guidelines by removing extra statement on replacement of a patient-owned PAP device during the 5 year RUL.</td>
</tr>
<tr>
<td>07/01/16</td>
<td>Interim Update, changes approved June 14, 2016. Added Adaptive Cervo Ventilation and clarified rental period.</td>
</tr>
<tr>
<td>01/01/17</td>
<td>Interim Review, changes approved December 13, 2016. Added clarifying policy statement. Accessory add-ons and upgrades of an existing PAP device is considered not medically necessary when a current PAP device is functional and meets the member's current basic functional medical needs.</td>
</tr>
<tr>
<td>03/30/17</td>
<td>Policy moved into new format; no change to policy statements.</td>
</tr>
<tr>
<td>05/01/17</td>
<td>Annual Review, changes approved April 11, 2017. Policy section rewritten for clarification, better indicating adherence criteria. No changes to policy coverage.</td>
</tr>
<tr>
<td>10/27/17</td>
<td>Minor formatting edits were made.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2017 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
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Polskie (Polish):

Română (Romanian):

Русский (Russian):
Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную information о вашем заявлении или страховым покрытии через Premera Blue Cross. В настоящем уведомлении могут быть ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):
Este aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas claves en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring ma有很大 mga halal ng walang gastos. Tumawag sa 800-722-1471.

ไทย (Thai):
ประกาศนี้มีข้อความสำคัญที่คุณควรทราบเกี่ยวกับการขอรับการช่วยเหลือหรือประกันสุขภาพของคุณ Premera Blue Cross และคุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย โปรดติดต่อ 800-722-1471.

Український (Ukrainian):
Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані в цьому повідомленні. Існує імовірність того, що Вами буде здійснений повний контроль у конкретні кінцеві строки для того, щоб забезпечити Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дозвоніться за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):