

CPAP and Bi-PAP Equipment

Effective for dates of service on or after December 1, 2018, the criteria requirements for Continuous Positive Airway Pressure (CPAP) and Bi-Level Positive Airway Pressure (Bi-PAP) equipment has been updated.

For complete details, please refer to the following links:

<http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/dme201811.asp#a3>