VENTURA COUNTY
HEALTH CARE PLAN

Medical Policy:
Airway Pressure Management in Sleep Apnea

Effective Date: 05/06/97
Revised: 02/18/ 99; 06/01/00; 01/30/07; 08/11/11; 04/16/12
Reviewed/No updates: 01/28/13; 02/13/14; 02/12/15; 02/09/17; 02/08/18; 2/14/19; 2/13/20; 02/11/21; 2/17/22
Reviewed/Updated: 05/8/13; 09/11/15; 02/11/16; 05/09/19; 11/7/19

Purpose:

To provide consistency in providing Durable Medical Equipment (DME) support to patients diagnosed with sleep apnea, in which documentation supports treatment with airway pressure management**.**

Policy:

VCHCP members will be provided with DME for airway pressure management after diagnosis of sleep apnea and evaluation of sleep apnea studies with and without Continuous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BIPAP). Initial use will be authorized for monthly renta1 with a network provider. After use for three (3) months, patient acceptance and efficacy are to be evaluated for purchase of equipment by the Plan. The Ventura County Health Care Plan uses the current Medicare Compliance Requirements for CPAP/BIPAP usage to continue to provide CPAP/BIPAP therapy, machine purchase or the provision of CPAP Supplies. The documentation must show that over a 30 day period, the patient has used CPAP or BIPAP for 4 hours or more for at least 70% of the nights in 30 consecutive days.

The Medical Director of the Plan may contact the member's Primary Care Provider to request and develop a satisfactory overall treatment plan.

Criteria:

1. Documentation from PCP of symptoms of sleep apnea.
2. Report from sleep study provider including documentation of sleep apnea and improvement with use of airway pressure management.
3. Request from PCP for CPAP support at stated parameters of pressure as indicated during steep study.
4. The documentation provided to the Plan with the request meets the requirements of the current version of the Milliman Care Guideline on CPAP Therapy.

CPAP/BIPAP Supplies:
The VCHCP will replace supplies needed for CPAP/BIPAP treatment every 3 months.

CPAP machine replacement:
Follow requirements in the DME replacement policy. The vendor must certify that the equipment is not in working order and cannot be repaired. Lost equipment will not be replaced.
Additionally, *if available (but not required) the most current* compliance report can be submitted showing the member has been using the machine in accordance with the requirements above for initial purchase.

FOR CHILDREN:
Medically Necessary*:*

CPAP for the treatment of obstructive sleep apnea (OSA) is considered **medically necessary** when the following criteria are met:

- There is a documented diagnosis of obstructive sleep apnea (OSA) and polysomnography demonstrates an apnea index (AI) or apnea-hypopnea index (AHI) equal to or greater than one (1); **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 (e.g., craniofacial anomaly) or adenotonsillectomy is contraindicated.

FOR CHILDREN:
Not Medically Necessary*:*

Pediatric uses of CPAP are considered **not medically necessary** when the criteria listed above are not met.

ORAL APPLIANCE/MANDIBULAR ADVANCEMENT DEVICES

The primary treatment of obstructive sleep apnea is CPAP. However, an oral appliance may be indicated as an alternative treatment in certain situations.

An oral appliance may be covered for the following indications:

- A diagnosis of mild obstructive sleep apnea and the patient is intolerant of CPAP therapy despite evaluation by and working with a respiratory therapist.
- A diagnosis of moderate or severe obstructive sleep apnea as a component of treatment that includes additional modalities. Some patients may not tolerate the high-pressure settings needed to resolve their sleep apnea and the additional of an oral appliance may allow the pressures to be decreased to tolerable levels.

Additionally, patients must have sufficient dentition to allow for retention of appliance, no active periodontal disease or dental decay and no active temporomandibular joint disorder.

NOTE: oral appliances are not indicated for and not covered for snoring only.

A. **Attachments**: None
B. **History**:

Reviewer/Author: Richard Ashby, MD Date: 05/06/97
Reviewed/Revised: Richard Ashby, MD Date: 02/18/99 & 06/01/00
Revised: Cynthian Wilhelmy, MD Date: 01/30/07
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Revised: Albert Reeves, MD Date: 08/10/11

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Committee Review: UM: February 17, 2022; QAC: February 22, 2022

C. **Reference:** VCHCP Evidence of Coverage
Milliman Care Guidelines

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
5/9/19	Yes	Robert Sterling, MD	CPAP machine replacement: Follow requirements in the DME

			replacement policy. The vendor must certify that the equipment is not in working order and cannot be repaired. Lost equipment will not be replaced. Additionally, *if available (but not required) the <u>most current</u>* compliance report can be submitted showing the member has been using the machine in accordance with the requirements above for initial purchase.
11/7/19	Yes	Howard Taekman, MD; Robert Sterling, MD	The VCHCP will replace supplies needed for CPAP/BIPAP treatment every 3 months.
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/11/21	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/17/22	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review