



Sleep Apnea (Obstructive and Central) - Non-Surgical Treatment

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Policy

The Medical Management Department reviews referral requests for authorization of non-surgical treatment of obstructive sleep apnea for medical necessity, appropriateness and authorization of services.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

Adults

I. Diagnosis of OSA

A. Diagnostic procedures considered Medically Necessary

1. d diagnostic full-channel nocturnal polysomnography (NPSG) when performed in a healthcare facility in patients with symptoms suggestive of obstructive sleep apnea (OSA) and **ONE** of the following:
 - a. symptoms suggestive of severe OSA to allow for PAP titration; **OR**
 - b. suspected mild sleep apnea; **OR**
 - c. symptoms suggestive of moderate to severe obstructive sleep apnea (OSA) **AND** comorbid medical conditions associated with non-obstructive sleep-disordered breathing; **OR**
 - d. an inconclusive or technically inadequate home sleep study.
2. Home sleep apnea testing (HSAT) to include a limited-channel (4 channel) sleep study, a limited-channel (6 channel) sleep study using WatchPAT technology, or the portable standard diagnostic NPSG (more than 10 channels) performed in the patient's home and administered by an accredited sleep center under supervision of a board-certified sleep physician is considered medically necessary in patients with symptoms suggestive of moderate to severe obstructive sleep apnea (OSA) and **ALL** of the following:
 - a. without comorbid medical conditions that predispose to sleep-disordered breathing, e.g., moderate to severe underlying pulmonary disease/COPD GOLD stage 2 or higher, congestive heart failure NYHA class 2-4, and hypoventilation syndromes (obesity hypoventilation, central sleep apnea, neuromuscular disease, chronic opioid medication use, history of stroke);
 - b. without co-existing sleep disorders/complicated sleep apnea;

- c. if utilizing WatchPAT technology for the study, the patient is not taking alpha blockers/antagonists (e.g., terazosin, prazosin, doxazosin) or alpha agonists (e.g., clonidine, methyldopa) or has a condition that impacts peripheral circulation, e.g. peripheral vascular disease or Raynaud's;

OR

Unresolvable issues that prohibit NSPG performed in a healthcare facility (e.g., homebound, transportation issues).

II. Trial rental of CPAP

A. Documentation Required

1. Documentation of a qualifying diagnostic polysomnogram within the past 2 years.
2. Order from a board-certified Sleep Medicine Physician or Advanced Practice Professional (APP) working in collaboration with a board-certified Sleep Medicine Physician; **OR**
3. Order from a primary care physician (PCP) or other clinician (physician or APP) who is and will continue to be actively managing the patient for their OSA, or related sleep disorder if the CPAP has been recommended by a board-certified sleep medicine physician after a qualifying polysomnogram. CPAP rental ordered by a physician or APP other than a board-certified Sleep Medicine Physician or APP will require face to face or telehealth evaluation by a board-certified Sleep Medicine Physician or APP prior to approval of CPAP purchase.

B. Criteria for Medical Necessity

A 12-week trial rental of CPAP is considered to be medically necessary for treatment of OSA, if **ONE** of the following criteria are met:

1. Patient's overall Apnea-Hypopnea Index (AHI), Respiratory Disturbance Index (RDI), or Respiratory Event Index (REI) is greater than or equal to 15 events per hour; **OR**
2. Patient's overall AHI, RDI or REI is greater than 5 and less than 15 events per hour with at least **ONE** of the following:
 - a. Excessive daytime sleepiness is documented by an Epworth score greater than 10 or Multiple Sleep Latency Test (MSLT) less than 6;
 - b. Documented symptoms of insomnia with difficulty maintaining sleep;
 - c. Documented hypertension with systolic blood pressure greater than 140 mm Hg and/or diastolic blood pressure greater than 90 mm Hg.
 - d. Documented ischemic heart disease or congestive heart failure;
 - e. Documented history of stroke;
 - f. Documented cardiac arrhythmias;
 - g. Documented pulmonary hypertension;
 - h. Documented type 2 diabetes mellitus;
 - i. Documented mood disorder or cognitive dysfunction related to OSA;
- j. Greater than 20 episodes of oxygen desaturation (<85%) during full night study, or any one episode of oxygen desaturation of less than 70%

NOTE: In general, duplicate or back up equipment is a convenience item and not medically necessary and thus not covered.

III. Initial Purchase of CPAP

A. Documentation Required

1. Documentation of a qualifying diagnostic polysomnogram within the past 2 years;
2. Documentation of the effectiveness of CPAP therapy by a board-certified Sleep Medicine

- Physician or Advanced Practice Professional (APP) working in collaboration with a board-certified Sleep Medicine Physician;
3. Order for CPAP purchase from a board-certified Sleep Medicine Physician or APP working in collaboration with a board-certified Sleep Medicine Physician;
 4. Compliance data report obtained 31-90 days after initiation of therapy;
 5. Completion of a 12-week trial rental period.

B. Criteria for Medical Necessity

Purchase of CPAP is medically necessary for treatment of OSA, if **BOTH** of the following criteria are met:

1. Documented clinical evidence of improved symptoms of OSA while using CPAP; **AND**
2. Documentation of objective evidence of adherence via downloaded usage data, showing use of CPAP for greater than or equal to 4 hours per night on 70% of the nights during a consecutive 30-day period.

IV. Replacement of CPAP

A. Documentation Required

1. Documentation of the effectiveness of CPAP therapy and an order for CPAP replacement by a board-certified Sleep Medicine physician or Advanced Practice Professional working in collaboration with a board-certified Sleep Medicine physician.
2. Documentation of CPAP usage averaging 5 days per week during the past 30 days.

B. Criteria for Medical Necessity

Replacement of CPAP is medically necessary for treatment of OSA, if **ALL** of the following criteria are met:

1. Use of CPAP has improved patient's obstructive symptoms; **AND**
2. Documentation of usage on average 5 days per week during the past 30 days; **AND**
3. The CPAP is nonfunctioning and irreparable due to reasonable wear and tear; **AND**
4. The CPAP is no longer under warranty.

NOTE: If the old CPAP machine does not have the download capability to document usage it is reasonable to approve a two-month rental to obtain a download.

V. Trial rental of Standard BIPAP, BIPAP ST or BIPAP ASV

A. Documentation Required

1. Documentation of a qualifying diagnostic polysomnogram within the past 2 years;
2. Order from a board-certified Sleep Medicine Physician or Advanced Practice Professional (APP) working in collaboration with a board-certified Sleep Medicine Physician;
3. Documentation that CPAP was ineffective during a sleep center conducted titration study or during a CPAP trial rental period if applicable.

B. Criteria for Medical Necessity

1. A 12-week trial rental of a **Standard BIPAP** is considered medically necessary when the following criteria are met:
 - a. Patient meets criteria for trial rental of CPAP and **ONE** of the following are met:
 - i. CPAP does not resolve the patient's obstructive or central apnea symptoms; **OR**
 - ii. Patient has one of the following concomitant breathing disorders:
 - (a) Restrictive thoracic disorders (e.g., progressive neuromuscular disease such as amyotrophic lateral sclerosis or a severe thoracic cage abnormality); **OR**

- (b) Chronic obstructive pulmonary disease (COPD); **OR**
- (c) Nocturnal/sleep-associated hypoventilation syndrome diagnosed by a Board-certified sleep medicine physician.

2. A 12-week trial rental of a **BIPAP ST or BIPAP ASV** is considered medically necessary when **ALL** of the following criteria are met:
 - a. Diagnosis of central sleep apnea (CSA) by a board-certified Sleep Medicine Physician or Advanced Practice Professional working in collaboration with a board-certified Sleep Medicine Physician; **AND**
 - b. CPAP or Standard BIPAP have been ineffective in a sleep center conducted titration study; **AND**
 - c. Patient demonstrates significant improvement of their obstructive and central sleep apnea symptoms with the use of BIPAP ST or BIPAP ASV during a sleep center conducted titration study.

C. Indications considered Experimental/ Investigational or Not Medically Necessary

1. Treatment of snoring without OSA.
2. Treatment of upper airway resistance syndrome (UARS) patient.
3. Use of ASV in patients with moderate to severe central predominant sleep apnea and congestive heart failure with left ventricular ejection fraction of $\leq 45\%$.

VI. Initial Purchase of a Standard BIPAP, BIPAP ST or BIPAP ASV

A. Documentation Required

1. Documentation of a qualifying diagnostic polysomnogram within the past 2 years;
2. Order for BIPAP purchase from a board-certified Sleep Medicine Physician or APP working in collaboration with a board-certified Sleep Medicine Physician;
3. Documentation of the effectiveness of BIPAP therapy by a board-certified Sleep Medicine Physician or Advanced Practice Professional working in collaboration with a board-certified Sleep Medicine Physician;
4. Compliance data report obtained 31-90 days after initiation of therapy;
5. Completion of a 12-week trial rental period.

B. Criteria for Medical Necessity

1. Purchase of a Standard BIPAP, BIPAP ST or BIPAP ASV is considered medically necessary when **ALL** of the following criteria are met:
 - a. Documentation of the effectiveness and clinical evidence of improved symptoms while using BIPAP therapy by a board-certified Sleep Medicine Physician or Advanced Practice Professional working in collaboration with a board-certified Sleep Medicine; **AND**
 - b. Documentation of objective evidence of adherence via downloaded usage data, showing use of BIPAP for greater than or equal to 4 hours per night on 70% of the nights during a consecutive 30-day period.

VII. Replacement of Standard BIPAP, BIPAP ST, or BIPAP ASV

A. Documentation Required

1. Documentation of the effectiveness of BIPAP therapy and an order for BIPAP replacement by a board-certified Sleep Medicine Physician or Advanced Practice Professional working in collaboration with a board-certified Sleep Medicine Physician;

2. Documentation of BIPAP usage averaging 5 days per week during the past 30 days.

B. Criteria for Medical Necessity

1. Replacement of Standard BIPAP, BIPAP ST or BIPAP ASV are medically necessary, when **ALL** of the following criteria are met:
 - a. Use of BIPAP has improved patients obstructive and central apnea symptoms; **AND**
 - b. Documentation of usage on average of 5 days per week during the past 30 days; **AND**
 - c. The BIPAP is nonfunctioning and irreparable due to reasonable wear and tear; **AND**
 - d. The BIPAP is no longer under warranty.

NOTE: If the old BIPAP machine does not have the download capability to document usage it is reasonable to approve a two-month rental to obtain a download.

VIII. Initial Purchase of Oral Appliances

A. Documentation Required

1. Documentation of a qualifying diagnostic polysomnogram within the past 2 years;
2. Order for an oral appliance from a board-certified Sleep Medicine Physician or Advanced Practice Professional working in collaboration with a board certified Sleep Medicine Physician or a specialist in otolaryngology/ENT working in conjunction with Sleep Medicine;
3. The oral appliance is provided by a dentist with experience in provision of oral appliances for sleep apnea;
4. Documentation of CPAP trial > 30 days and failure to tolerate CPAP therapy despite reasonable attempts to resolve intolerance over at least 30 days (e.g., multiple mask trials);
5. Documentation of attempted interventions by Sleep Medicine Team to improve patient's tolerability of CPAP therapy and result of intervention.

B. Criteria for Medical Necessity

1. Purchase of custom-fitted and prefabricated oral appliances, are medically necessary for treatment of OSA, if **BOTH** of the following criteria are met:
 - a. Mild or moderate OSA (AHI below 30) when the medical necessity criteria for the trial rental of CPAP (II.B.) is met; **AND**
 - b. Documented intolerance to CPAP despite reasonable attempts to resolve intolerance over at least 30 days (e.g., education, behavioral and troubleshooting interventions such as multiple mask trials over at least 30 days including at least one mask with a nasal interface).

C. Indications Considered not Medically Necessary

1. Oral appliances for OSA that are available over-the-counter without a prescription are not considered medically necessary.
2. Dental rehabilitation services (dentures, bridgework, etc.) are not available benefits under standard health insurance plans.

VIII. Replacement of Oral Appliances

A. Documentation required

1. Appropriate provider documentation of the effectiveness of the oral appliance.

B. Criteria for Medical Necessity

1. Replacement of an oral appliance is medically necessary, for treatment of mild or moderate OSA, if the condition of the item has reasonable wear and tear which renders the item nonfunctioning.

C. Indications Considered not Medically Necessary

1. Replacement of an oral appliance due to misuse or abuse

Children Ages 0-17 Years Old

I. Diagnosis of OSAS

A. Diagnostic techniques considered medically necessary

1. Standard diagnostic full-channel nocturnal polysomnography (NPSG) when performed in a healthcare facility in patients with habitual snoring or other symptoms suggestive of obstructive sleep apnea syndrome (OSAS)
2. NPSG in patients with OSAS after an adenotonsillectomy or other pharyngeal surgery when any of the following is met (NPSG should be performed 6 to 8 weeks postoperatively):
 - a. Age younger than 3 years
 - b. Severe OSAS
 - c. Cardiac complications of OSAS (e.g., right ventricular hypertrophy)
 - d. Failure to thrive
 - e. Obesity
 - f. Prematurity
 - g. Craniofacial anomalies
 - h. Neuromuscular disorders
 - i. Symptoms of OSAS persist after treatment
 - j. Recent respiratory infection causing airway obstruction

B. Techniques considered Experimental/Investigational or not Medically Necessary to diagnosis OSAS or CSA in children < 18 years old:

1. Unattended home sleep studies
2. Videotaping
3. Nocturnal pulse oximetry
4. Daytime nap polysomnogram

II. Trial rental of CPAP for children < 18 years old:

A. Documentation Required:

1. Documentation of a qualifying diagnostic polysomnogram within the past 2 years.
2. Order from a board-certified Sleep Medicine Physician or Advanced Practice Professional working in collaboration with a board-certified Sleep Medicine Physician.
3. Documentation of adenotonsillectomy as first line treatment.

B. Criteria for Medical Necessity:

1. A six-month trial rental of positive airway pressure equipment is medically necessary for children if the following criteria are met:
 - a. There is documentation of an adenotonsillectomy and **ONE** of the following:
 - i. Obstructive apnea index ≥ 1 event / hour
 - ii. Apnea hypopnea index > 1.5 events / hour
 - iii. Central apnea index ≥ 0.9 events / hour
 - iv. Oxygen desaturation $\leq 91\%$

- v. PETCO₂ (end tidal carbon dioxide pressure) > 45 mmHg for more than 10% of total sleep time; **OR**
- b. Adenotonsillectomy is delayed; **OR**
- c. Adenotonsillectomy is contraindicated.

III. Initial Purchase of CPAP for children < 18 years old:

A. Documentation Required:

1. Documentation of a diagnosis of OSAS.
2. Documentation of the effectiveness of CPAP therapy by a board-certified Sleep Medicine Physician or Advanced Practice Professional working in collaboration with a board-certified Sleep Medicine Physician (MD, PA, NP).
3. Compliance data report for the 6 months of the trial rental.

B. Criteria for Medical Necessity:

1. Purchase of CPAP is medically necessary, for treatment of OSAS, if **BOTH** of the following criteria are met:
 - a. Documented clinical evidence of improved symptoms of OSAS with CPAP; **AND**
 - b. Documentation of objective evidence of adherence via direct download of usage data, showing use of CPAP for 4 or more hours per night on 70% of the nights, after 6 months of CPAP therapy.

C. Indications Considered Experimental, Investigational or not Medically Necessity:

1. Patient fails to meet compliance criteria
2. Treatment of upper airway resistance syndrome (UARS).

IV. Initial Rental of BiPAP, BiPAP ST, BiPAP ASV for children < 18 years old

A. Documentation Required:

1. Documentation of a diagnosis of OSAS
2. Order from a board-certified Sleep Medicine Physician or Advanced Practice Professional working in collaboration with a board-certified Sleep Medicine Physician.
3. Diagnosis of central sleep apnea
4. Documentation that CPAP is not an effective therapy

B. Criteria for Medical Necessity:

1. Trial rental of BiPAP, BiPAP ST, BiPAP ASV are considered medically necessary when the following criteria are met:
 - a. Patient meets criteria for CPAP and **ONE** of the following:
 - i. Standard CPAP does not resolve patient's obstructive symptoms; **OR**
 - ii. Patient has **ONE** of the following concomitant breathing disorders:
 - (a) Restrictive Thoracic disorders
 - (b) Chronic obstructive pulmonary disease (COPD)
 - (c) Nocturnal hypoventilation

IV. Initial Purchase of BiPAP, BiPAP ST, or BiPAP ASV for children < 18 years old

A. Documentation Required:

1. Documentation of a diagnosis of OSAS
2. Order from a board-certified Sleep Medicine Physician or Advanced Practice Professional working in collaboration with a board-certified Sleep Medicine Physician.
3. Diagnosis of central sleep apnea
4. Documentation that CPAP is not an effective therapy

B. Criteria for Medical Necessity:

1. Purchase of BiPAP, BiPAP ST or BiPAP ASV are considered medically necessary when **BOTH** of the following criteria are met:
 - a. Patient meets criteria for CPAP with **ONE** of the following:
 - i. Standard CPAP does not resolve patient's obstructive symptoms; **OR**
 - ii. Patient has a concomitant breathing disorders including:
 - (a) Restrictive Thoracic disorders
 - (b) Chronic obstructive pulmonary disease (COPD)
 - (c) Nocturnal hypoventilation
 - b. Documentation of objective evidence of adherence via downloaded usage data, showing use of BIPAP for greater than or equal to 4 hours per night on 70% of the nights during a consecutive 30-day period.

V. Purchase of Oral Appliances for children < 18 years

A. Documentation Required:

1. Documentation of a standard diagnostic polysomnogram within the past 2 years.
2. Order for an oral appliance from a board-certified Sleep Medicine Physician or Advanced Practice Professional working in collaboration with a board-certified Sleep Medicine Physician or a specialist in otolaryngology/ENT working in conjunction with Sleep Medicine.
3. The oral appliance is provided by a qualified dentist, (e.g., additional training or experience in provision of oral appliances for sleep apnea).
4. Documentation of CPAP trial and failure to tolerate CPAP therapy.

B. Criteria for Medical Necessity:

1. Children with craniofacial anomalies and symptoms of OSAS; **OR**
2. Documented intolerance to CPAP.

C. Indications Considered Experimental, Investigational or not Medically Necessary for Oral Appliances in children < 18 years:

1. Oral appliances for OSAS that are available over-the-counter without a prescription are considered not medically necessary.
2. Treatment of OSAS with an oral appliance, in otherwise healthy young children, is considered investigational.

CPT/HCPCS Codes:

E0470	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)
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)
E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE

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