

Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

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| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: CONTINUOUS, AUTOMATIC, AND BILEVEL POSITIVE AIRWAY PRESSURE THERAPY (CPAP, APAP, AND BPAP) FOR OBSTRUCTIVE SLEEP APNEA (OSA)

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of CPAP, APAP, and BPAP for obstructive sleep apnea (OSA) in the outpatient setting.

POLICY:

The initial sleep study for OSA does not require authorization. When authorization is required for CPAP, APAP, or BPAP equipment/supplies, CCHP uses the following MCG guidelines:

1. MCG Guideline A-0431 (AC) Continuous Positive Airway Pressure (CPAP) Device (This includes both CPAP and APAP equipment/supplies)
2. MCG Guideline A-0994 (AC) Bilevel Positive Airway Pressure (BPAP) Device

Effective: 1/17

Revised: 12/19

Last reviewed: 9/23

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Medical UM Policy

Developed by: CCHP Medical Directors

A 90 day trial period of CPAP, APAP, or BPAP does not require authorization. The equipment and supplies are rented on a monthly basis.

For continued authorization beyond the trial period, CCHP requires the following (adopted from CMS guidelines):

1. The treating physician has performed a clinical re-evaluation after the 31st day, but before the 91st day after initiating therapy, which documents the following:
 - a. A face-to-face clinical re-evaluation by the treating physician, with documentation that symptoms of OSA are improved, and
2. Objective evidence of adherence to use:
 - a. Defined as use of CPAP, APAP, or BPAP devices for 4 or more hours per night on 70% of nights during a consecutive 30-day period anytime during the first 3 months of initial use of the device, or averaged over the duration of a compliance report from the 90 day trial period
 - b. Documentation of adherence to positive airway pressure therapy must be determined through direct download or visual inspection of usage data, with written documentation provided in a report to be reviewed by the treating physician and included in the patient's medical record

Patients who fail the initial 90 day trial are eligible to re-qualify, but must have:

1. A face-to-face clinical re-evaluation to determine the etiology of the failure to respond or comply with positive airway pressure therapy and a prescribed plan to improve adherence.

REFERENCES

1. MCG Health: Ambulatory Care 23rd Edition. Copyright © 2019 MCG Health, LLC
2. Medicare Learning Network: Continuous and Bi-level Positive Airway Pressure (CPAP/BPAP) Devices: ICN 905064 September 2013

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