Medical Policy
Management of Obstructive Sleep Apnea (OSA) using Auto-Titrating Positive Airway Pressure (APAP) and Continuous Positive Airway Pressure (CPAP) Devices

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Policy Number: 526
BCBSA Reference Number: NA
NCD/LCD: National Coverage Determination (NCD) for Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) (240.4)

Related Policies
- Actigraphy, #533
- Bi-Level Positive Airway Pressure (BPAP) Devices, #527
- Home Cardiorespiraory Monitoring, #224
- Management of Obstructive Sleep Apnea - OSA Oral Appliances, #529
- Multiple Sleep Latency Testing - MSLT and Maintenance of Wakefulness Testing - MWT, #534
- Polysomnography and Home Sleep Testing, #525
- Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome, #130

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Indications for Auto-titrating Positive Airway Pressure (APAP) or Continuous Positive Airway Pressure (CPAP)

Treatment with CPAP may be considered MEDICALLY NECESSARY for a patient aged 19 years or older when conditions A and B below are met:

A. Home or lab based sleep study demonstrates one of the following (1–2)
   1. AHI greater than or equal to 15
   2. AHI 5–14 with any of the following: excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, treatment-resistant hypertension (persistent hypertension in a patient taking three or more antihypertensive medications), ischemic heart disease, history of stroke AND

B. MEDICALLY NECESSARY CPAP level has been determined from one of the following (1–5):
   1. Split-night sleep study
2. Whole-night lab based titration study following a study where the CPAP level was not determined during the therapeutic portion or the patient has OSA but did not meet criteria for PAP titration during the study
3. Whole-night lab based titration study in a patient in whom APAP is contraindicated (e.g., congestive heart failure [CHF], chronic obstructive pulmonary disease [COPD])
4. APAP titration trial
5. Whole-night lab based titration study when home, unmonitored APAP titration was unsuccessful.

Treatment with CPAP may be considered **MEDICALLY NECESSARY** for a patient aged 18 years or younger when conditions **A** and **B** below are met:

**A.** A lab-based sleep study demonstrating AHI of at least one (1) and appropriate CPAP titration has been performed

**AND**

**B.** One of the following (1–4) is true:
1. Adenotonsillectomy has been unsuccessful in curing OSA
2. Adenotonsillectomy is not indicated because the patient has minimal adenotonsillar tissue
3. Adenotonsillectomy is inappropriate because OSA is attributable to another underlying cause (e.g., craniofacial abnormality, morbid obesity)
4. Adenotonsillectomy is contraindicated.

Treatment with APAP may be considered **MEDICALLY NECESSARY** when a patient meets conditions **A** and **B** below:

1. Home or lab based sleep study demonstrates one of the following (1–2):
   1. AHI greater than or equal to 15
   2. AHI 5–14 with any of the following: excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, treatment-resistant hypertension (persistent hypertension in a patient taking three or more antihypertensive medications), ischemic heart disease, history of stroke

**AND**

2. The patient has none of the following contraindications (1-5) to the use of APAP:
1. Age 18 years or younger
2. CHF
3. COPD
4. Central sleep apnea
5. Neuromuscular disorders (e.g., muscular dystrophy, myasthenia gravis).

**Ongoing treatment with APAP or CPAP (adult and non-adult patients)**
Ongoing treatment may be considered **MEDICALLY NECESSARY** for patients who demonstrate compliance with therapy. Demonstration of compliance is required every 90 days for the first year of therapy and annually thereafter. Compliance is defined as:
1. Use of the CPAP device for greater than or equal to four (4) hours per night on 70% of nights during a consecutive thirty (30) day period within the preceding 90 days; **OR**
2. There is clinical evidence submitted by the treating provider that demonstrates continued clinical benefit from use of the positive airway pressure device.

**Medicare HMO BlueSM and Medicare PPO BlueSM Members**

**National Coverage Determination (NCD) for Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA) (240.4)**

**Prior Authorization Information**
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

### Commercial Managed Care (HMO and POS)

The requirements of BCBSMA Sleep Management Program may require prior authorization via AIM Specialty Health.

These requirements are member-specific: please verify member eligibility and requirements through AIM Specialty Health at www.aimspecialtyhealth.com or call 1-866-745-1783.

### Commercial PPO

The requirements of BCBSMA Sleep Management Program may require prior authorization via AIM Specialty Health.

These requirements are member-specific: please verify member eligibility and requirements through AIM Specialty Health at www.aimspecialtyhealth.com or call 1-866-745-1783.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>Indemnity</td>
<td>No</td>
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<tr>
<td>Medicare HMO BlueSM</td>
<td>No</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>No</td>
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</tbody>
</table>

### CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

#### HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E0561</td>
<td>Humidifier, non-heated, used with positive airway pressure device</td>
</tr>
<tr>
<td>E0562</td>
<td>Humidifier, heated, used with positive airway pressure device</td>
</tr>
<tr>
<td>E0601</td>
<td>Single level continuous positive airway pressure device or auto-titrating continuous positive airway pressure</td>
</tr>
<tr>
<td>A4604</td>
<td>Tubing with heating element</td>
</tr>
<tr>
<td>A7027</td>
<td>Combination Oral/Nasal Mask used with positive airway pressure device, each</td>
</tr>
<tr>
<td>A7028</td>
<td>Oral Cushion, Replacement for Combination Oral/Nasal Mask, each</td>
</tr>
<tr>
<td>A7029</td>
<td>Nasal Pillows, Replacement for Combination Oral/Nasal Mask, 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 Cushion, Replacement for Full Face Mask</td>
</tr>
<tr>
<td>A7032</td>
<td>Replacement Cushion for Nasal Application Device</td>
</tr>
<tr>
<td>A7033</td>
<td>Replacement Pillows for Nasal Application Device, pair</td>
</tr>
<tr>
<td>A7034</td>
<td>Nasal Interface (mask or cannula type), used with positive airway pressure device, with/without head strap</td>
</tr>
<tr>
<td>A7035</td>
<td>Headgear</td>
</tr>
<tr>
<td>A7036</td>
<td>Chinstrap</td>
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Description
This policy is applicable to use of auto-titrating (APAP) or continuous (CPAP) positive airway pressure systems and associated supplies in the management of obstructive sleep apnea (OSA). A separate document addresses the use of bi-level positive pressure (BPAP). Positive airway pressure treatment modalities and add-on devices (e.g., CPT code E1399) not addressed in this policy are considered to be not medically necessary.

Overview
Positive airway pressure (PAP), resulting in pneumatic splinting of the airway, is the mainstay of treatment of OSA. The pressure provided throughout the respiratory cycle may be constant (CPAP) or may vary between inspiration and expiration (bi-level PAP or BPAP). Auto-titrating positive airway pressure (APAP) supplies variable pressure in response to changes in various parameters e.g., sleeping position, sleep stages or changes in body habitus. Although APAP may be preferred by some patients, use of APAP has not increased compliance with therapy.

For patients requiring treatment with CPAP, pressure levels need to be titrated to each patient’s particular needs. For patients whose diagnostic sleep study is performed in a lab setting, it may be possible to diagnose OSA and perform the titration study in a single night. This approach, known as split-night study, may be used when AHI exceeds 20 per hour based on the first 2 hours of testing. Those who do not meet criteria for split-night protocol require either a second overnight titration study or temporary use APAP as a means of titrating CPAP. Titration is not required if APAP is selected as the long-term therapeutic approach. Other treatments for OSA (not addressed in this guideline) include positional therapy, non-surgical weight loss methods, oral appliances, oropharyngeal surgery or bariatric surgery. Tracheostomy should be considered when other measures fail and OSA is deemed severe enough to warrant this procedure. Adenotonsillectomy is the preferred initial approach to treatment of OSA in children. CPAP is reserved for those children who have an inadequate response to surgery, do not have enlarged tonsils or are not good surgical candidates.

In the management of patients with OSA, long-term compliance with positive airway pressure devices remains problematic. Adherence to therapy is defined by the Centers for Medicare & Medicaid Services (CMS) as use of PAP greater than or equal to 4 hours per night on 70% of nights during a consecutive thirty (30) day period. Compliance may be as low as 50% at one year and for this reason compliance monitoring is an important component of the management of patients with OSA. Every effort should be made to achieve compliance. Newer PAP devices record (and may transmit) use times such that compliance monitoring may be performed remotely. Unless compliance is achieved and documented, the continued use of PAP devices (and the ongoing provision of associated supplies) cannot be considered to be medically necessary.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>5/2017</td>
<td>Prior Authorization Information clarified. 5/1/2017</td>
</tr>
<tr>
<td>9/2014</td>
<td>Coding information clarified.</td>
</tr>
<tr>
<td>7/2013</td>
<td>Adopted AIM Program Guidelines on Sleep Disorder Management, January 2013 Version</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
</tr>
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<tr>
<td>1/2013</td>
<td>Updated to add new CPT code 95782 and 95783.</td>
</tr>
<tr>
<td>9/1/2010</td>
<td>BCBSA National medical policy review. Changes to policy statements.</td>
</tr>
<tr>
<td>5/2009</td>
<td>Updated prior authorization information.</td>
</tr>
<tr>
<td>5/2007</td>
<td>Updated coverage and non coverage guidelines for oral appliances for sleep apnea.</td>
</tr>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References
Specialty Society Guidelines and Systematic Reviews


Other Literature


Endnotes

1 Based on AIM Specialty Health: Sleep Disorder Management Diagnostic & Treatment Guidelines Program. Effective May 15, 2017.