



MASSACHUSETTS

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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

Related Policies

- **Medicare Advantage: High-Technology Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #[923](#)**
- Actigraphy, #[533](#)
- Bi-Level Positive Airway Pressure (BPAP) Devices, #[527](#)
- Home Cardiorespiratory 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](#)

Policy¹

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], obesity hypoventilation syndrome or central sleep apnea [defined as having at least 50% central events or more than five (5) central events per hour])
 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:

- 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. The patient has none of the following contraindications (1-6) to the use of APAP:
1. Age 18 years or younger
 2. CHF
 3. COPD
 4. Central sleep apnea (defined as having at least 50% central events or more than five [5] central events per hour)
 5. Neuromuscular disorders (e.g., muscular dystrophy, myasthenia gravis)
 6. Obesity hypoventilation syndrome defined as a body mass index (BMI) >30 kg/m² and hypoventilation which cannot be solely attributed to other conditions such as pulmonary disease, skeletal restriction, neuromuscular weakness, hypothyroidism, pleural pathology or medications. Documentation of hypoventilation requires either an increase in arterial PCO₂ (or surrogate measure) to >55 mmHg for at least 10 minutes or a >10 mmHg increase in arterial PCO₂ (or surrogate measure) during sleep (compared to an awake supine value) to a value EXCEEDING 50 mmHg for at least 10 minutes.

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.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	The requirements of BCBSMA Sleep Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific:
Commercial PPO and Indemnity	<p>Please verify member eligibility and requirements through Online Services by logging onto Provider Central. Refer to our Quick Tip for an overview of precertification and prior authorization requirements.</p> <p>Ordering clinicians should request pre-certification from AIM Specialty Health or call 1-866-745-1783 (when applicable).</p> <p>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products.</p>

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

HCPCS codes:	Code Description
E0561	Humidifier, non-heated, used with positive airway pressure device
E0562	Humidifier, heated, used with positive airway pressure device
E0601	Single level continuous positive airway pressure device or auto-titrating continuous positive airway pressure
E1399	Durable medical equipment, miscellaneous
A4604	Tubing with heating element
A7027	Combination Oral/Nasal Mask used with positive airway pressure device, each

A7028	Oral Cushion, Replacement for Combination Oral/Nasal Mask, each
A7029	Nasal Pillows, Replacement for Combination Oral/Nasal Mask, pair
A7030	Full Face Mask used with positive airway pressure device, each
A7031	Face Mask Cushion, Replacement for Full Face Mask
A7032	Replacement Cushion for Nasal Application Device
A7033	Replacement Pillows for Nasal Application Device, pair
A7034	Nasal Interface (mask or cannula type), used with positive airway pressure device, with/without head strap
A7035	Headgear
A7036	Chinstrap
A7037	Tubing
A7038	Filter, disposable
A7039	Filter, non-disposable
A7044	Oral Interface for Positive Airway Pressure Therapy
A7045	Replacement Exhalation Port for PAP Therapy
A7046	Water chamber for humidifier, replacement, each
A7047	Oral interface used with respiratory suction pump, each

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 airway pressure (BPAP). Positive airway pressure treatment modalities and add-on devices, reported using CPT code E1399 or A7047 (including but not limited to the following products: Winx, PapNap, Provent, headstraps, certain dental devices, Weaver's masks cloths) 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 apnea/hypopnea index (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

Date	Action
1/2018	Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products. 1/1/2018
11/2017	Medically necessary criteria revised. Effective 11/20/2017. Based on AIM Sleep Disorder Management Diagnostic & Treatment Guidelines. Effective November 20, 2017.
5/2017	Prior Authorization Information clarified. 5/1/ 2017
2/2017	Treatment-resistant hypertension clarified. Covered indications clarified. 2/2/2017. AIM Sleep Disorder Management Diagnostic & Treatment Guidelines. Effective 1/1/2016.
9/2014	Coding information clarified.
10/2013	Indications clarified. Effective October 2013.
7/2013	Adopted AIM Program Guidelines on Sleep Disorder Management, January 2013 Version V1.3. Effective 7/1/2013.
2/2013	BCBSA National medical policy review. Changes to policy statements. Effective 2/4/2013.
1/2013	Updated to add new CPT code 95782 and 95783.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
12/2011	BCBSA National medical policy review. Changes to policy statements.
4/2011	Reviewed - Medical Policy Group - Cardiology and Pulmonology. No changes to policy statements.
3/2011	Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements.
7/2010	BCBSA National medical policy review. Changes to policy statements.
9/1/2010	BCBSA National medical policy review. Changes to policy statements.
6/2010	BCBSA National medical policy review. Changes to policy statements.
5/2010	BCBSA National medical policy review. Changes to policy statements.
3/2010	Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements.
5/2009	Updated prior authorization information.
3/2009	Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements.
3/2008	BCBSA National medical policy review. Changes to policy statements.
5/2007	Updated coverage and non coverage guidelines for oral appliances for sleep apnea.
3/2007	Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements.
2/2007	BCBSA National medical policy review. Changes to policy statements.

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

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Other Literature

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Endnotes

¹ Based on AIM Specialty Health: Sleep Disorder Management Diagnostic & Treatment Guidelines Program.