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

This policy applies to the following entity(s):

| | |
|---|---|
| ☐ CHW – Milwaukee | ☐ CHW - Fox Valley |
| ☐ CHHS Foundation | ☐ CHW - Surgicenter |
| ☐ CHW – Community Services Division | ☒ Chorus Community Health Plans |
| ☐ Children's Medical Group - Primary Care | ☐ Children's Specialty Group |
| ☐ Children's Medical Group - Urgent Care | ☐ 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** | **Individual and Family** |
|---|---|
| ☒ BadgerCare Plus | ☒ Commercial |
| ☒ Care4Kids Program | ☒ 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 utilizes 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

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