

# Contra Costa Health Plan

*Utilization Management.*

**Title:** Guidelines for Interventional Management of Obstructive Sleep Apnea

**Policy #:** UM15.077

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**Reviewed and approved by Quality Council: 11/2024**

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Applies to:

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Medicare        | <input type="checkbox"/> Commercial                                  |
| <input type="checkbox"/> BHC      | <input type="checkbox"/> State Sponsored | <input checked="" type="checkbox"/> All <input type="checkbox"/> N/A |

Regulatory/Accreditation:

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> DMHC:       | <input checked="" type="checkbox"/> CMS:  | <input checked="" type="checkbox"/> DHCS: |
| <input type="checkbox"/> Other Reg. References: | <input checked="" type="checkbox"/> NCQA: | <input type="checkbox"/> N/A              |

Units:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Administration    | <input type="checkbox"/> Advice Nurses      | <input type="checkbox"/> All Staff                              |
| <input type="checkbox"/> Business Services | <input type="checkbox"/> Case Management    | <input type="checkbox"/> Health Ed/Cultural Ling.               |
| <input type="checkbox"/> Marketing         | <input type="checkbox"/> Member Services    | <input type="checkbox"/> Planning, Survey, Reg Affairs          |
| <input type="checkbox"/> Provider Affairs  | <input type="checkbox"/> Quality Management | <input checked="" type="checkbox"/> Auth/Utilization Management |

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## **PURPOSE**

Continuous Positive Airway Pressure (CPAP) and Bi-Level Positive Airway Pressure (BIPAP) devices are utilized in the medical management of obstructive sleep apnea (OSA). The purpose of BIPAP/CPAP is to prevent the collapse of the oropharyngeal walls and the obstruction of airflow during sleep, which occurs in OSA. Inspire, also known as hypoglossal nerve stimulation, is also used for the treatment of obstructive sleep apnea.

This policy describes CCHP's approach to review and authorization of requests for CPAP devices, BIPAP devices, and Inspire.

## **POLICY**

These guidelines apply for members 21 years of age or older. For CPAP or BIPAP requests for members under the age of 21, please refer to Medi-Cal and/or Apollo guidelines, as appropriate. BIPAP or CPAP requests for members under the age of 21 who have CCS-eligible condition(s) must be accompanied by a documented CCS denial for BIPAP or CPPA prior to review by CCHP.

### **Continuous Positive Airway Pressure (CPAP) Devices**

#### **Initial Authorization:**

CPAP purchase is considered medically necessary when all of the following are met:

- A. Member has undergone clinical evaluation by a treating licensed practitioner within 12 months of the request; and
- B. Member has undergone a sleep study; and
- C. Member meets the clinical criteria for obstructive sleep apnea (OSA); and
- D. A prescription for CPAP has been signed and dated by a physician (or the electronic equivalent)

## **Bi-Level Positive Airway Pressure (BIPAP) Devices**

### **Initial Authorization:**

BIPAP purchase is considered medically necessary when all of the following are met:

- A. The Member meets the criteria for CPAP Initial Authorization (see above); and
- B. The Member has failed CPAP due to at least one of the following reasons:
  - a. Member intolerance, or
  - b. Pressure discomfort due to high pressures (usually greater than 10 cm H<sub>2</sub>O), or
  - c. CPAP fails to improve the condition for which it was prescribed

### **Special Circumstances:**

In the interest of the member, if a machine is broken, recalled, and/lost, or stolen within the Medi-Cal frequency period, CCHP shall undertake the following protocol

- A. Within warranty period:
  - a. For broken or recalled devices, CCHP UM will work with the DME supplier to ensure that a machine is provided to the member without cost to the member or CCHP. This may include obtaining a loaner from either the DME provider or manufacturer at no cost and/or approving a loaner from the DME provider and working with claims to recuperate the cost from the manufacturer.
- B. Outside of warranty period:
  - a. For broken devices, CCHP UM will approve a loaner from the DME supplier while the equipment is being fixed.
  - b. For lost devices, CCHP UM shall review for medical director exception based on extenuating circumstances.
  - c. For stolen devices, CCHP UM shall review for a medical director exception. A police report must be filed and the number of the report/department the report is filed with must be provided for consideration of the medical director exception

## **Inspire – Hypoglossal Nerve Stimulation (HGNS) for the treatment of OSA**

CCHP follows Medicare criteria for the review and authorization of HGNS Implants.