Sleep Disorder Treatment

State(s):	LOB(s):
☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*	☒ *Commercial* ☐ *Medicare* ☐ *Medicaid*

Commercial Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

The term "sleep disorders" includes a wide variety of conditions that can be organic such as obstructive sleep apnea (OSA) or upper airway resistance syndrome (UARS), neurological (also called "central sleep apnea") such as narcolepsy or cataplexy, or associated with mental conditions such as insomnia due to anxiety. Mixed sleep apnea is a combination of OAS and central sleep apnea. Most sleep studies are ordered for a suspected diagnosis of sleep apnea or narcolepsy. Treatment for narcolepsy/cataplexy and insomnia is medication. Obstructive Sleep apnea and UARS may be treated medically or surgically.

Types of Sleep Studies:

- **Overnight Oximetry** can be done at home or in a hospital setting, and is used primarily to rule out significant sleep apnea in selected patients where the level of suspicion of the diagnosis is relatively low. There can be technical problems with unsupervised testing that can make the test difficult to interpret.

- **Nocturnal Polysomnogram (PSG)** is a detailed study, usually done in a hospital setting with a technician present throughout, and includes monitoring by electroencephalography (EEG), electromyography (EMG), electro-oculography (EOG), oral and nasal airflow, chest movements, oxygen saturation, heart rate and rhythm, and measuring of snoring intensity. This test is considered to gold standard for diagnosing sleep apnea and distinguishing obstructive from nonobstructive sleep apnea.

- **Multiple Sleep Latency Tests (MSLT)** measures the time it takes for the subject to fall asleep and is used primarily in cases of suspected narcolepsy.

- **Actigraphy** is a method of monitoring motor activity with a portable device designed to be used while patients are sleeping. Absence of movement is consistent with sleep. Actigraphy is used either alone or with PSG to diagnose sleep disorders.

- **Home Sleep Study Testing (HST)** is done using unattended portable monitoring devices. While the currently accepted method for definitive diagnosis of OSA is full polysomnography done with a qualified sleep laboratory technician in attendance, home sleep studies using unattended portable devices may be appropriate in patients with suspected OSA when an in-laboratory polysomnogram is not possible by virtue of immobility, safety, or critical illness. Home sleep studies are not considered appropriate for patients with chronic obstructive pulmonary disease or for those suspected of having other sleep complications, such as central apnea, periodic leg movement or narcolepsy.

Criteria

Sleep Studies:

Some group contracts require that sleep studies be ordered by a pulmonologist, neurologist, otolaryngologist, or certified sleep medicine specialist. Sleep studies may also be ordered by family practice or internal medicine physicians (and nurse practitioners or physicians assistants working with the family or internal medicine physicians) despite not being specified in the contract language.

Preauthorization Requirements:

Preauthorization is required for coverage of oral appliances for the treatment of sleep apnea. CPAP/BIPAP devices do not require prior authorization for the initial 3 month rental and convert to purchase. CPAP/BIPAP rental extension, repairs and replacement greater than $1000 do require a prior authorization.

Requests for coverage of services for obstructive sleep apnea (OSA) treatment will be reviewed by the criteria below.

Nonsurgical Treatment of Sleep Disorders:

Obstructive sleep apnea can be treated both surgically and non-surgically.

Nonsurgical treatment options include:

- Continuous positive airway pressure (CPAP)
- Bilevel positive airway pressure (BiPAP)
- Oral appliances

Coverage of Nonsurgical Treatment of Sleep Disorders:

CPAP and BIPAP includes: Auto-titrating Positive Airway Pressure (APAP) and Adaptive Servo-Ventilation (ASV).

PacificSource considers nonsurgical treatment of sleep disorders to be medically necessary when all of the following are met:

- A PSG or HST sleep study documented AHI, REI or RDI ≥ 15 episodes per hour of sleep OR

- An AHI, REI or RDI ≥ 5 and ≤ 14 plus any of the following associated symptoms:

- Excessive daytime sleepiness, as documented by either a score of ≥ 10 on the Epworth Sleepiness Scale or inappropriate daytime napping (e.g., during driving, conversation, or eating) or sleepiness that interferes with daily activities; OR
- Impaired cognition OR
- Mood disorders OR
- Documented hypertension OR
- Documented ischemic heart disease OR
- Documented history of stroke

CPAP or BiPAP or a combination of CPAP and BiPAP trial rental is covered for an initial 3 months to determine tolerance and appropriate utilization before purchase will be approved.

Conversion to purchase of CPAP or BiPAP machine is covered with receipt of the "Request for Purchase" form documenting compliance and efficacy of treatment on the follow-up visit with the specialist. This form is submitted with the claim for purchase. In the case of providers whose billing agent is not at the provider location, the form may be submitted to the Claims Department separately. If continued rental (rather than purchase) of CPAP/BiPAP is desired, preauthorization through Health Services is required.

When a participating provider is not available in the members service area, services will be payable at the contracted benefit rate (Use code A36 on preauthorization request).

Continues Rental of CPAP/BIPAP in Lieu of Purchase:

Continued rental in lieu of purchase is rarely medically necessary. Members meeting the CPAP/BiPAP coverage criteria above may be authorized an additional three months of equipment rental when circumstances have prevented an adequate trial. Examples could include:

- The optimal accessories to the modality have not yet been established (e.g., mask vs. nasal prong)
- The member has a comorbid condition which has impacted the validity of the equipment trial (e.g., an acute infection which is now resolved)
- The member is approved for another sleep treatment intervention which may negate the need for CPAP (e.g., a tongue-retaining orthodontic appliance is being fabricated)

CPAP/BIPAP Repairs and Replacement:

Repairs are covered for items that meet the coverage criteria. To repair means to fix or mend and to put the item back in good condition after damage or wear. Repairs are covered when necessary to make the item serviceable. If the expense for repairs exceeds the estimated expense of purchasing another item, no payment can be made for the excess.

If a PAP device is replaced during the 5 year reasonable useful lifetime (RUL) because of loss, theft, or irreparable damage due to a specific incident, there is no requirement for a new clinical evaluation, sleep test, or trial period. Documentation may be required regarding loss or theft

If a PAP device is replaced following the 5 year RUL, there must be a face-to-face evaluation by their treating physician that documents that the member continues to use and benefit from the PAP device.

There is no requirement for a new sleep test or trial period. (A new prescription and current documentation within the past 12 months from the treating provider is required).

Replacement equipment and/or repairs greater than $1000 requires prior authorization by Health Services with current documentation (prescription and current chart notes within the past 12 months) from a treating provider

Information required in order to make coverage determination:

- Age of original machine?
- What is wrong with it and is it repairable?
- Or is it under warrantee or obsolete?
- Recent documentation from the members treating physician and a prescription.

Sleep Apnea Oral Appliances:

- Criteria for coverage of nonsurgical treatment of sleep disorders listed above must be met.
- In addition, if the request is from an orthodontist or dentist, documentation of a recent (within the last 12 months) evaluation and an examination along with a **prescription or referral** from the treating Internal Medicine Physician, Neurologist, Otolaryngologist, Pulmonologist, Primary Care Provider, or Certified Sleep Specialist is required. Eligible Certified Sleep Specialists must be one of the following: Diplomats of the American Board of Sleep Medicine (D, ABSM); an individual member of the American Academy of Sleep Medicine (AASM); certified by the American Academy of Dental Sleep Medicine; or have a subspecialty certification from the American Board of Pediatrics, the American Board of Family Medicine or the American Board of Psychiatry and Neurology.
- Member follow up with their dental provider for adjustment of their sleep apnea oral appliance is covered.

Disposable nasal expiratory positive airway pressure (EPAP) device (Provent Sleep Apnea Therapy) is not covered because it is considered experimental and investigational.

Sleep Apnea Oral Appliances Repair and Replacement:

Repairs are covered for items that meet the coverage criteria. To repair means to fix or mend and to put the item back in good condition after damage or wear. Repairs are covered when necessary to make the item serviceable. If the expense for repairs exceeds the estimated expense of purchasing another item, no payment can be made for the excess.

Oral appliances are eligible for replacement at the end of 5-year reasonable useful lifetime even if the member acquired equipment under a previous health insurance carrier.

These items may be replaced prior to the end of the 5-year RUL in where there is irreparable damage due to a specific accident or to a natural disaster (e.g., fire, flood).

Replacement equipment and/or repairs greater than $1000 requires prior authorization by Health Services with current documentation (prescription and current chart notes within the past 3-6 months) from a treating provider.

Surgical Treatment of OSA and UARS – Traditional Surgeries:

- **Uvulopalatopharyngoplasty (UPPP)** enlarges the oropharynx by removing excess tissue; may be performed with or without inferior sagittal osteotomy (ISO) with hyoid suspension
- **Orthognathic procedures** such as mandibular-maxillary advancement (MMA) in which uses osteotomies to enlarge the oropharyngeal cavity
- **Palatopharyngoplasty (PPP)** - a variation of UPPP surgery in which less extensive palatal tissue is removed along with partial removal of tonsils and uvula
- **Uvulopalatoplasty (UPP)**
- **Uvulectomy** removes the uvula

Surgical Treatment of OSA and UARS – Minimally Invasive Surgeries:

- **Laser-assisted uvulopalatoplasty (LAUP)** - a carbon dioxide laser is used to reshape the superficial palatal tissue
- **Somnoplasty** - radiofrequency ablation of the tongue base, uvula or soft palate
- **Coblation** - radiofrequency ablation of the nasal passages and soft palate
- **The Repose System** - minimally invasive technique involving tongue base suspension using a loop of suture through the tongue base which is attached to a mandibular bone screw.
- **Cautery-Assisted Palatal Stiffening Operation (CAPSO)** - uses cautery to establish a palatal scar to stiffen the palate
- **Pillar™ Palatal Implant** - cylinder shaped polyester filaments are implanted submucosally into the soft palate

Surgical Treatment of Sleep Disorders:

Numerous surgical procedures have been tried, most with only limited success. Obstruction can occur at any of the following levels. Surgical treatment options for each level include the procedures identified to correct obstructions at these levels:

- **Nasal** (including nasopharynx): septoplasty, partial turbinectomy, tonsillectomy, and adenoidectomy
- **Oropharynx** (including tonsils and palate): tonsillectomy, uvulopalatoplasty, laser-assisted uvuloplasty (LAUP), uvulopalatopharyngoplasty (UPPP), laser-assisted uvulopalatopharyngoplasty (LAUPPP), palatopharyngoplasty (PPP)
- **Hypopharynx** (including tongue and epiglottis): midline glossectomy, lingualplasty, lingual tonsillectomy, epiglottoplasty, genioglossal advancement, hyoid repositioning, and maxillary/mandibular advancement

Coverage of Surgical Treatment of Sleep Disorders:

Tonsillectomy and/or adenoidectomy for members under age 18 with sleep apnea: Preauthorization is not required.

Coverage for other surgical treatment of sleep disorders may be considered medically necessary when

- The diagnosis of OSA has been documented by a PSG with an AHI or RDI of at least 15, and/or sustained oxygen desaturation of 85% or less during apneic episodes. and
- Documentation that nonsurgical alternatives such as CPAP or oral tongue-retaining devices have at least been discussed with the patient. and
- The planned surgery is not one of the excluded procedures listed below

Non-covered Conditions, Testing and Treatment:

- Actigraphy testing is considered experimental, investigational or unproven.
- Snoring is not considered a disease, and treatment for snoring and/or upper airway resistance disorders is contractually excluded from coverage. Therefore, any surgical procedure for snoring alone is not covered.
- Uvulectomy is a surgical procedure that is sometimes used to treat snoring, but it is not considered effective for OSA. Check benefit plan book as it may be a contract exclusion.
- Maxillary/mandibular advancement is currently excluded from coverage in accordance with the contractual exclusion language regarding jaw surgery.
- The Pillar™ Palatal Implant System is considered investigational based on the lack of published randomized controlled trials reporting long term outcomes and comparing this treatment to other minimally invasive procedures.
- Radiofrequency tissue volume reduction (RFTVR) of the tongue base, soft palate, uvula, tonsil and/or adenoids as a treatment for sleep disorders is considered investigational. This includes Coblation and Somnoplasty.
- Implantation of the Repose™ (tongue base suspension device) is considered investigational.
- Laser assisted uvuloplasty (LAUP) is considered investigational in the treatment of OSA.

Coding Information

Codes Requiring Preauthorization after the initial 3 months of use for rental extension or purchase of replacement

E0470 Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)

E0471 Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)

E0472 Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)

E0485 Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment

E0486 Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment

E1399 Durable Medical Equipment Mi

Codes Requiring Preauthorization

42145 Palatopharyngoplasty, uvulopalatopharyngoplasty (UPPP), etc.

94799 unlisted Pulmonary Service/Procedure

Non-Covered Codes:

21120 Genioplasty

21121 Genioplasty; sliding osteotomy, single piece

21122 Genioplasty; sliding osteotomies, two or more, wedge excision

21123 Genioplasty; sliding, augmentation w/bone grafts

21125 Augmentation, mandibular

21127 Augmentation, mandibular, with bone graft

21198 Osteotomy, mandible, segmental

21199 Osteotomy, mandible, with genioglossus advancement

21685 Hyoid myotomy and suspension

41512 Tongue base suspension, permanent suture technique

41530 Submucosal radiofrequency tissue/volume reduction/sleep apnea

42140 Uvulectomy, excision of uvula

95803 Actigraphy testing, recording, analysis, interpretation, and report

94799

C9727 Insertion of implants into the soft palate; minimum of 3 implants

E1399

S2080 Laser-assisted uvulopalatoplasty (LAUP)

Codes Covered without Preauthorization

95800 Sleep Study, Unattended, Simultaneous Recording; Heart Rate, Oxygen Saturation, Respiratory Analysis, and Sleep Time

95801 Sleep Study, Unattended, Simultaneous Recording; Minimum of Heart Rate, Oxygen Saturation, and Respiratory Analysis

G0398 Home sleep study test (HST) with Type II portable monitor, unattended: minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation

G0399 Home sleep study test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation

G0400 Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels

Definitions

Apnea - cessation of airflow for at least 10 seconds. Apnea is considered obstructive if there is effort to breathe during the episode.

Apnea hypopnea index (AHI) - the average number of episodes of apnea and hypopnea per hour as documented in a sleep study. This term is used synonymously with "Respiratory Disturbance Index" (RDI) in the American Academy of Sleep Medicine (AASM) Practice Parameters.

Auto-titrating Positive Airway Pressure (APAP) - also called auto PAP, auto-set, and auto adjusting CPAP. APAP devices change treatment pressure based on feedback from several patient measures such as airflow, pressure fluctuations, or measures of airway resistance. APAP machines are coded as CPAP (E0601)

Bilevel Positive Airway Pressure (BiPAP or BPAP) - modality which provides higher ventilatory pressure airflow than CPAP. Lower pressure is applied to during the expiratory phase so that the total pressure applied to the airway is reduced when compared to CPAP. BiPAP may be used as an alternative to CPAP in patients who have OSA and coexisting respiratory conditions such as chronic obstructive pulmonary disease (COPD).

Continuous Positive Airway Pressure (CPAP) - modality in which pressurized airflow is delivered using a nasal mask held tight to the face with straps or other headgear. Full face masks or nasal pillows may be used if nasal masks are unsatisfactory to the patient (E0601).

Adaptive servo-ventilation (ASV) - modality provided by the VPAP Adapt SV™ which uses a small, varying amount of inspiratory pressure superimposed on a low level of CPAP. The VPAP is a BiPAP machine.

Hypopnea - an abnormal respiratory event lasting at least 10 seconds with at least a 30% reduction in thoracoabdominal movement or airflow as compared to baseline, and with at least a 4% oxygen desaturation

Respiratory Disturbance Index (RDI) - the average number of respiratory disturbances (obstructive apneas, hypopneas, and respiratory event–related arousals [RERAs]) per hour as documented in a sleep study

Respiratory Event Index (REI) - the average number of respiratory disturbances (obstructive apneas and hypopneas) per hour of recording time in a sleep study.

Upper Airway Resistance Syndrome (UARS) - partial collapse of the upper airway results in decreased oxygen uptake but does not interrupt breathing

- **Classification of Obstructive Sleep Apnea**
    - The American Academy of Sleep Medicine (AASM) classifies OSA into 3 categories:
        - Mild - AHI or RDI ≥ 5 and ≤ 15 episodes per hour of sleep
        - Moderate - AHI or RDI ≥ 15 and ≤30 episodes per hour of sleep
        - Severe - AHI or RDI > 30 episodes per hour of sleep

Related Policies

New and Emerging Technologies_ Coverage Status

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Request for Purchase form: **Accessible at: www.pacificsource.com/provider/cpap-bipap-rent-to-purchase-request.pdf**

Appendix

Policy Number: [Policy Number]

Effective: 11/1/2019 **Next review:** 11/1/2020

Policy type: Commercial

Depts: Health Services, Claims, Customer Service

Applicable regulation(s): N/A

External entities affected: N/A