

Medical Policy

Non-Invasive Airway Assist Devices

Policy Number: 1089

Policy History

Approve Date:	06/01/2018	Effective Date:	06/01/2018
---------------	------------	-----------------	------------

Preauthorization

All Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.
-----------	--

Policy

Indications of Coverage

- I. The diagnostic procedure of a polysomnogram must be ordered by an AASM-certified physician and performed in an AASM-accredited sleep lab. Home sleep studies are also a benefit when ordered by an AASM-certified physician.
 - o The noninvasive airway assist device will be approved for an initial four month trial period.
 - o In order for the device to be purchased by the Plan, at any time before the end of the trial period, the 30 day download submitted to the Plan must support member device usage of Percent of Days with Usage > 4 hours on 75% of days (primary criteria) OR Percent Days with Device Usage > 75% AND Average Usage (Days Used) > 4 hours (secondary criteria.) Purchase will be denied if the above criteria are not met.
- II. BiPAP, Auto PAP, DPAP or VPAP may be considered medically necessary when the prescribing physician deems it is appropriate for treatment.
- III. The mandibular advancement device (MAD) is a benefit for members who prefer it to CPAP, and do not respond to CPAP trial or fail CPAP trial.
 - a. Contraindications to the MAD are: TMJ dysfunction, untreated periodontal diseases, tooth hypermobility, or members without adequate teeth to support the device.
 - b. All follow-up cares related to fitting, adjusting or otherwise modifying the MAD during the 90 days after purchase are considered to have been included in the payment of the device.
 - c. When Health Tradition pays for the purchase of one type of MAD, the Plan will not purchase another type of MAD until the end of expected useful life of the first MAD.
 - d. Health Tradition will not purchase both the CPAP and the MAD. The decision to abandon use of the CPAP must occur before the fourth month of the trial period AND before the purchase of the CPAP for the member to have the benefit of obtaining the MAD.

- IV. The expected lifespan of the CPAP and the MAD is five years. The Plan will replace either DME item within five years of the initial date of purchase only when documentation submitted to the Plan demonstrates a significant change in the member's condition.
- V. Health Tradition will utilize InterQual Noninvasive Airway Assist Device criteria for the following conditions: Progressive neuromuscular conditions; COPD; Limited thoracic expansion.
- VI. Noninvasive airway assist device replacement requires demonstration of compliance as evidenced by the most recent download from the member's current machine which meets the above criteria. If the member's current machine does not have a memory card, then the four month trial period procedure noted above must be completed, and purchase can be approved when compliance is demonstrated by download which meets the above criteria. If a replacement device is requested due to member misuse or abuse, theft or loss, it will be denied in accordance with the Certificate of Coverage.
- VII. The following are considered experimental/investigational as there is insufficient evidence supporting their use in OSA. As such, they are exclusions of the member's Plan:
 - a. Oral pressure therapy devices, such as Winx Sleep Therapy System, Attune Sleep Apnea System, etc.
 - e. Hypoglossal Nerve Stimulation therapies/treatments
 - f. Repose Tongue and Hyoid Suspension Systems procedure
 8. Nasal dilator devices, such as Provent Sleep Apnea Therapy, etc. may be considered on a case by case basis if a member does not respond to CPAP trial or fails CPAP trial.
 - g. a. Over-the-counter nasal dilator devices will be excluded from coverage (e.g. Breathe Right® Nasal Strips, etc.).

Definitions

There are several noninvasive airway assist devices that can be utilized, including CPAP, BiPAP, Auto PAP, DPAP, and VPAP.

"Pre-service Claim" means any claim for a benefit that requires approval before obtaining medical care. This includes any benefits requiring a referral, prior authorization or pre-certification, including prior authorization for prescription drugs. A Pre-service Claim also includes any situation when a member receives less of a benefit than what the member requested in terms of time, services or duration.

"Urgent Care Claim" means a pre-service claim that requires immediate determination. Urgent care refers to an actual medical condition, not going to an urgent care clinic. The criteria for an urgent care claim are:

- Could seriously jeopardize life, health or ability to regain maximum function. This determination must be made by an individual acting on behalf of the Plan (for example, utilization review staff or a medical director) or a physician with knowledge of the member's medical condition, OR
- Would subject the member to severe pain that cannot be adequately managed without such care or treatment, determined by a physician with knowledge of the member's medical condition.

References

1. Wikipedia.org - Positive Airway Pressure
2. URAC Health Plan for Health Insurance Marketplace (HIM) Accreditation, Version 7.2, P-HUM 1 - Review Criteria Requirements
3. URAC Health Plan for Health Insurance Marketplace (HIM) Accreditation, Version 7.2, P-HUM 25 - Clinical Rationale for Non-Certification Requirements

