Children's Hospital and Health System
Children's Community Health Plan Policy and Procedure

This policy applies to the following entity(s):

☐ CHW – Milwaukee	☐ CHW - Fox Valley
☐ CHHS Foundation	☐ CHW - Surgicenter
☐ CHW – Community Services Division	☒ Children's Community Health Plan
☐ 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 POSITIVE AIRWAY PRESSURE (CPAP/APAP) THERAPY FOR OBSTRUCTIVE SLEEP APNEA (OSA)

INCLUDED PRODUCT(S):

Medicaid	Commercial	Marketplace
☒ BadgerCare Plus	☒ Together with CCHP	☒ Together with CCHP
☒ Care4Kids Program		

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of CPAP (or APAP) for obstructive sleep apnea (OSA) in the outpatient setting

POLICY:

The initial sleep study for OSA does not require pre-authorization. Initial authorization of CPAP equipment and supplies is determined by the following:

1. For members qualifying for home CPAP titration (APAP, Automatic Positive Airway Pressure devices), CCHP utilizes MCG guideline A-0337 *CPAP Titration, Home (APAP)*
2. For members requiring titration in a sleep center, CCHP utilizes MCG guideline A-0338 CPAP Titration, Sleep Center.

If criteria are met, initial authorization for use of CPAP supplies is granted for a 90 trial period during which the supplies are rented on a monthly basis.

For continued authorization beyond the trial period CCHP requires the following (adopted from CMS guidelines[1]):

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 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 PAP 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 CPAP/APAP therapy and a prescribed plan to improve adherence.

REFERENCES

1. Correct citation for the CMS guideline?
   https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/PAP_DocCvg_Factsheet_ICN905064.pdf
2. Correct citation for MCG