CONTINUOUS POSITIVE AIRWAY PRESSURE

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for continuous positive airway pressure (CPAP). By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

CPAP is a non-invasive technique for providing appropriate single levels of air pressure from a flow generator, via a nose mask, through the nares. Its purpose and use is to prevent the collapse of the oropharyngeal walls and obstruction of airflow during sleep, which occurs in obstructive sleep apnea (OSA). In such instances CPAP acts as a pneumatic splint of the upper airway and is considered the treatment of choice for OSA. In order to assure adequate treatment results, an optimal CPAP pressure is determined by conducting a titration study, where the pressure is gradually increased until the sleep-related breathing episodes are eliminated in all stages and positions of sleep.

Adenotonsillectomy in most cases is the first line of therapy for most children with OSA, assuming that appreciable adenotonsillar tissue is present. The rationale is that adenotonsillectomy may improve upper airway patency enough to improve or resolve the OSA. Positive airway pressure therapy through a nasal mask (continuous positive airway pressure [CPAP] or bi-level positive airway pressure [BiPAP]) can be used to provide a pneumatic splint when OSA is diagnosed with minimal adenotonsillar tissue, when OSA persists despite adenotonsillectomy, or adenotonsillectomy is contraindicated.

CLINICAL GUIDELINE - ADULT
Coverage guidelines for CPAP will be made in accordance with the Department of Social Services (DSS) definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and his or her unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

A. Full channel polysomnography performed in a facility-based sleep center or somnography conducted through means of an unattended home sleep test using a Type II, III, or IV portable monitor within the last 6 months is typically recommended.

B. Apnea-Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) should be consistent with one (1) of the following:
   • ≥ 15 events per hour, based on a minimum of 2 hours of sleep.
     Note: If the AHI or RDI is calculated based on less than 2 hours of continuous recorded sleep, the total number of recorded events required to calculate the AHI or RDI during sleep testing should be at least the number of events that would have been required in a 2-hour period, i.e., a minimum of 30 events.
   • ≥ 5 and < 15 events per hour based on a minimum of 2 hours of sleep, i.e., a minimum of...

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10 events, etc., and with satisfactory documentation of one or more of the following:
(1) Excessive daytime sleepiness documented by a score of ≥ 10 by the Epworth Sleep Scale
(2) Documented symptoms of impaired cognition
(3) Mood disorders or insomnia
(4) Documented hypertension, ischemic heart disease, or history of stroke
(5) Greater than 20 episodes of oxygen desaturation to less than 85% saturation, or one episode of less than 70% saturation.

Note:
- If the AHI or RDI is calculated based on less than 2 hours of continuous recorded sleep, the total number of recorded events to calculate the AHI or RDI during sleep testing should be at least the number of events that would have been required in a 2-hour period. The AHI should not be extrapolated or projected from a number of respiratory events that is less than the above-noted minimums.
- Although AHI and respiratory disturbance index (RDI) are occasionally used interchangeably, only AHI or RDI as defined in this document should be used based on the above guidelines.
- Respiratory effort-related arousals (RERAs), leg movements and other sleep disturbances included by some facilities in AHI or RDI calculations are typically not considered to meet the AHI/RDI definitions. AHI/RDI represents defined respiratory disturbances.

C. Only physicians trained in the diagnosis and treatment of Obstructive Sleep Apnea can prescribe CPAP, or have otherwise provided a somnogram analysis and recommended CPAP to the prescribing network physician.

CPAP is not indicated for central sleep apnea. Individuals who desaturate to < 70% or demonstrate ≥ 20 episodes of desaturation to < 88% will be reviewed for medical necessity on a case-by-case basis.

CLINICAL GUIDELINE – PEDIATRIC
Coverage guidelines for CPAP will be made in accordance with the Department of Social Services (DSS) definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and his or her unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

CPAP may be considered medically necessary for individuals under 18 years of age when there is BOTH:
A. A documented diagnosis of obstructive sleep apnea (OSA) and polysomnography performed within the last 6 months demonstrates greater than one (1) scorable respiratory apnea event lasting at least two (2) respiratory cycles (10 seconds), i.e., apnea hypopnea index (AHI) greater than one (1); AND
B. One of the following:
   - Adenotonsillectomy has been unsuccessful in relieving OSA; OR
   - Adenotonsillar tissue is minimal; OR
   - Adenotonsillectomy is contraindicated; OR
   - Adenotonsillectomy is inappropriate based on OSA being attributable to another underlying cause (e.g., obesity, craniofacial anomalies; Down syndrome; cerebral palsy; neuromuscular disorders; chronic lung disease; sickle cell disease; genetic, metabolic, and storage diseases; and laryngomalacia)

These guidelines typically exclude infants younger than 1 year, those with central apnea or hypoventilation syndromes, and those with OSAS associated with other medical disorders. CPAP is

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typically not considered medically necessary for these individuals, or for those with habitual snoring without documented OSA on polysomnogram or those with obesity; however, CPAP may be considered medically necessary for these individuals based on an assessment of the person’s unique clinical needs.

BiPAP is typically considered appropriate for individuals less than 5 years old if CPAP cannot be tolerated or is determined to be ineffective or otherwise more suitable, e.g., in an individual with concomitant OSA and hypoventilation syndrome, restrictive thoracic disorders, and COPD. If CPAP cannot be tolerated or is ineffective, BiPAP titration is required. Children with apnea greater than 1 episode per hour or sustained saturations under 90% will be reviewed for medical necessity on a case by case basis.

NOTE: EPSDT Special Provision
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

Initial Coverage
Coverage of CPAP is initially limited to a 12-week period for those individuals diagnosed with OSA as defined above and to identify individuals who benefit from CPAP.

Continuing Coverage:
CPAP is subsequently covered for those individuals diagnosed with OSA in accordance with the above who, during the initial 12-week coverage period: (a) were compliant with prescribed treatment; and (b) had demonstrated clinical improvement as a result of CPAP. For this purpose, compliance is defined as documented consistent use of CPAP for either:

- ≥ 4 hours for 5 days each week;
- average of 4 hours per day of CPAP availability.

PROCEDURE
Prior authorization of CPAP is required. Requests for coverage of CPAP will be reviewed in accordance with procedures in place for reviewing requests for Durable Medical Equipment (DME). Coverage determinations will be based upon a review of requested and/or submitted case-specific information to include evidence-based evaluations, both qualitative and quantitative.

The following information is needed to review requests for CPAP:

1. Prescription/signed letter of medical necessity;
2. Completed State of Connecticut, Department of Social Services Outpatient Prior Authorization Request Form or fully completed authorization request via on-line web portal;
3. For purposes of initial coverage determinations, submitted documentation to support medical necessity must include copies of pertinent medical records from requesting physician as well as a copy of a polysomnographic study including interpretation of the PSG study and recommendations; and
4. Other pertinent information as requested by Medical Management and/or Utilization Management.

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Departments.

Review Process for Initial Review:
1. Requests for CPAP will be reviewed by CHNCT Utilization Management in accordance with procedures in place for reviewing requests for DME.
2. If approved, a rental trial period will allow the member to use the device for 12 weeks.
3. After the 12 week period, the individual will return to their provider for an evaluation of the level of compliance with the device.

The following information is needed for continuing coverage of CPAP:
Documentation of CPAP compliance for purposes of continuing coverage determinations is based on data collected by equipment-containing use monitoring technology. Providers should submit the CPAP data collection download for review for continuing coverage of CPAP. An individual’s self-reporting of CPAP usage will typically not be accepted as proof of compliance. The CPAP data collection download should be for the approved 12 week trial period. However, if a 12 week or 90 day download is unavailable, a data collection download must be provided for days 60-90 of the 12 week trial period.

Review Process:
1. Requests for CPAP will be reviewed by CHNCT Utilization Management in accordance with procedures in place for reviewing requests for DME.
2. CHNCT will review the results of the entire evaluation trial period after the rental is complete to determine if the purchase of a CPAP will be authorized.

EFFECTIVE DATE
This policy is effective for prior authorization requests for CPAP for individuals covered under the HUSKY Health Program on or after March, 2013.

LIMITATIONS
Not Applicable

CODES:

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<tr>
<th>Code</th>
<th>Definition</th>
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<tbody>
<tr>
<td>E0470</td>
<td>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)</td>
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<tr>
<td>E0471</td>
<td>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)</td>
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<tr>
<td>E0472</td>
<td>Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)</td>
</tr>
<tr>
<td>E0601</td>
<td>Continuous airway pressure (CPAP) device</td>
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DEFINITIONS

1. **Apnea, central (in adults):** No or nearly no signal from pressure transducers at the nostrils and at the mouth, which lasts at least ten seconds and is associated with either an arousal or an oxygen desaturation of four or more percent from baseline and with no inspiratory thoracoabdominal signal.

2. **Apnea, central (in children):** No or nearly no signal from pressure transducers at the nostrils and at the mouth, of any duration and is associated with either an arousal or an oxygen desaturation of four or more percent from baseline and with no inspiratory thoracoabdominal signal.

3. **Apnea, obstructive (in adults):** No or nearly no signal from pressure transducers at the nostrils and at the mouth, which lasts at least ten seconds and is associated with either an arousal or an oxygen desaturation of four or more percent from baseline and with an inspiratory thoracoabdominal signal.

4. **Apnea, obstructive (in children):** No or nearly no signal from pressure transducers at the nostrils and at the mouth, of any duration and is associated with either an arousal or an oxygen desaturation of four or more percent from baseline and with an inspiratory thoracoabdominal signal.

5. **Apnea-hypopnea index (AHI):** Average number of episodes of apnea and hypopnea per hour of sleep. Central apneas are not included; mixed apneas may be included in this calculation. This is sometimes referred to as respiratory disturbance index (RDI).

6. **Arousal:** An abrupt shift in EEG frequency, which may include theta, alpha and frequencies greater than 16 Hertz, subject to the AASM definitions of EEG arousals (SLEEP, Volume 15, Number 2, pp174, 1992).

7. **BiPAP:** Bi-level positive airway pressure.

8. **CPAP:** Continuous positive airway pressure.

9. **Excessive daytime sleepiness (EDS):** A score of 10 or more on the Epworth Sleepiness Scale.

10. **Epworth Sleepiness Scale (ESS):** A series of 8 questions, each question ranging from none (0) to all the time (3) regarding subjective likelihood of falling asleep; maximum is 24.

11. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.

12. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children’s Health Insurance Program) depending on their family income level. Family cost-sharing may apply.

13. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.

14. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).

15. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.

16. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut’s implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.

17. **Hypopnea, obstructive:** 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.

18. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or

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ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.

19. Oxygen desaturation: A four (4) percent or more decrease in oxygen saturation from baseline.
20. Periodic limb movement: A limb movement of 0.5-5.0 sec. duration.
21. Prior Authorization: A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.
22. REM: Rapid eye movement sleep.
23. Respiratory Disturbance index, obstructive (RDI): Average number of respiratory disturbances per hour of measurement. Synonymous with apnea-hypopnea index (AHI).
24. Respiratory effort-related arousal (RERA): An event characterized by increasing respiratory effort leading to an arousal from sleep but which does not fulfill the criteria for an apnea or hypopnea, i.e., is not a measured respiratory disturbance in accordance with definitions of apnea and hypopnea.
25. Restless legs syndrome (RLS): Clinical syndrome of an urge to move the legs, usually accompanied by uncomfortable and unpleasant sensation in the legs; the urge occurs during inactivity and hypoo arousal and is relieved by movement.
26. Sleep latency: Difference in minutes between bedtime and sleep onset.
27. Sleep onset: The first epoch of any stage of sleep.

ADDITIONAL RESOURCES AND REFERENCES:

PUBLICATION HISTORY

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<thead>
<tr>
<th>Status</th>
<th>Date</th>
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<tr>
<td>Original publication</td>
<td>February 2013</td>
<td></td>
</tr>
<tr>
<td>Reviewed</td>
<td>December 2013</td>
<td>Clinical Quality Sub-Committee Review. Reference updated. This change approved at the December 16,</td>
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<tr>
<td>December 2014</td>
<td>Reviewed</td>
<td>Clinical Quality Subcommittee Review. Reference updated. This change approved at the December 16, 2014 Clinical Quality Sub-Committee meeting.</td>
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<tr>
<td>August 2015</td>
<td>Updated</td>
<td>Updated definitions for HUSKY A, B, C and D Programs at request of DSS.</td>
</tr>
<tr>
<td>January 2016</td>
<td>Updated</td>
<td>Updates to language in introductory paragraph pertaining to purpose of policy. Updates to Clinical Guideline section pertaining to definition of Medical Necessity. Updates throughout policy to reflect importance of person-centeredness when reviewing requests for CPAP. Updates to Information Required for Review sections. Changes approved by Clinical Quality Subcommittee on March 21, 2016. Changes approved by DSS on April 12, 2016.</td>
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