Obstructive Sleep Apnea (OSA) and Other Sleep Related Breathing Disorders Nonsurgical Treatments

Medical Coverage Policy

Effective Date: 02/19/2014
Revision Date: 02/19/2014
Review Date: 08/22/2013
Policy Number: CLPD-0434-010

Change Summary: Updated Provider Claims Codes

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to http://apps.humana.com/tad/tad_new/home.aspx to verify that this is the current version before utilizing.

Disclaimer
State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. See the CMS website at http://www.cms.gov. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing Medical Director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

Description
Positive Airway Pressure (PAP)
There are a number of variations for the devices used to deliver PAP for the treatment of obstructive sleep apnea (OSA) and other sleep related breathing disorders. All devices work similarly by utilizing an air compressor, which forces a flow of air through the nose and into the airway, by way of a light mask worn over the nose during sleep. This prevents collapse of the oropharyngeal passage, which can cause an obstruction of airflow during sleep.
The original and most used treatment is continuous positive airway pressure (CPAP). A CPAP device provides the air flow at a constant, preset pressure; however, the settings can be changed by a health care professional.

Pressure relief technology (A-Flex, Bi-Flex, C-Flex, and C-Flex +) has been developed for PAP devices and provides pressure relief at critical points in the breathing cycle. This technology has become widely used in PAP devices and is purported to increase comfort and compliance with therapy.

OSA is a common sleep disorder in which the muscles of the soft palate and throat intermittently relax during sleep, causing an obstruction that blocks the upper airway. This causes breathing to become difficult and noisy (snoring). Individuals with OSA, experience cessation of breathing from ten to sixty seconds at a time, and can occur up to 120 times an hour during sleep. As a result, oxygen levels in the bloodstream fall, which may lead to high blood pressure, stroke, heart attack and/or abnormal heart rhythms.

Nonsurgical treatments for OSA include positive airway pressure (PAP) devices as well as oral appliances.

A bilevel positive airway pressure (BiPAP) device blows air at a higher pressure for inhaling and a lower pressure for exhaling. This can be used for patients who cannot tolerate the high constant pressure with CPAP. An auto titrating continuous positive airway pressure (AutoPAP or APAP) device continuously modifies the positive pressure level during the night, allowing for a decrease in pressure when spells of apnea and hypopneas disappear and an increase in pressure level when they return. PAP can be used to determine an optimal fixed level of CPAP for long term treatment with a conventional CPAP.

A demand positive airway pressure (DPAP) device responds to the patient’s changing oxygen demands based on an analysis of each individual breath. It may be used after a trial of CPAP or BiPAP has been ineffective.

Nasal EPAP (Expiratory Positive Airway Pressure or EPAP) is suggested as a treatment for OSA that utilizes the patient’s own breathing to create PAP to prevent obstructed breathing. Provent™ Professional Sleep Apnea Therapy is an example of a removable appliance that is placed just inside the nostril and increases pressure inside the nose.
Humana’s documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to http://apps.humana.com/tad/tad_new/home.aspx to verify that this is the current version before utilizing.

during exhalation to maintain an open airway during sleep. This appliance may also be referred to as a nasal dilator or a nasal valve device. (Refer to Coverage Limitations section)

A variable positive airway pressure device (VPAP) allows bilevel PAP with higher pressure for inhaling and a lower pressure for exhaling, but differs from a regular BiPAP by synchronizing the timing of inspiration and expiration with the patient’s breathing. The amount of pressure does not vary. This may be used for patients who cannot tolerate the constant pressure of CPAP, or who have other sleep related respiratory disorders such as Central Sleep Apnea (CSA) or nocturnal hypoxemia related to severe chronic obstructive pulmonary disease (COPD).

Central sleep apnea (CSA) is a disorder characterized by repetitive cessation or decrease of both airflow and ventilatory effort during sleep. It can be primary (e.g., idiopathic CSA) or secondary. Examples of secondary CSA include CSA associated with Cheyne-Stokes breathing, a medical condition, a drug or substance, or high altitude periodic breathing. CSA associated with Cheyne-Stokes breathing is particularly common, especially among patients who have heart failure or have had a stroke.¹

Oral Appliances

Oral appliances (splints), sometimes called dental appliances, may be a treatment option for mild to moderate OSA and are intended to maintain an open airway. There are two major types of oral appliances: mandibular advancement splints (MAS) and tongue retaining devices. MAS, also referred to as mandibular repositioning appliances, push the lower jaw forward and are the most commonly used oral appliance. Tongue retaining devices prevent the tongue from falling back over the airway.

Oral Pressure Therapy (OPT) is proposed for the treatment of OSA (e.g., Winx™). Winx™ is comprised of a bedside console, a soft polymer mouthpiece, and a flexible tube connecting the mouthpiece to the console. The console creates a vacuum pulling of the soft palate anteriorly and stabilizes the tongue to reduce obstruction during sleep. (Refer to Coverage Limitations section)

Snore Guard® is an oral appliance worn during sleep that resembles an athletic mouthpiece. Suggested as a treatment for snoring, it uses normal body reflexes to maintain an open airway. The device fits snugly on the upper teeth. When the lower jaw closes, the lower teeth close onto the lower ramp of the Snore Guard®. This keeps
the jaw in a normal position, rather than sagging open and back. In addition, the tongue reflexively seeks the small center orifice between the upper and lower ramp. This reflex keeps it from sagging back into the throat. *(Refer to Coverage Limitations section)*

**Coverage Determination**

**Positive Airway Pressure (PAP) for the treatment of OSA**

APAP, CPAP, PAP with pressure relief technology (e.g., A-Flex, Bi-Flex, C-Flex, C-Flex +): Adults

For information regarding sleep studies for adults, please refer to **Sleep Studies, Adults** Medical Coverage Policy.

Humana members **MAY** be eligible under the Plan for CPAP, APAP, PAP with pressure relief technology (e.g., A-Flex, Bi-Flex, C-Flex, C-Flex +), when a home/portable monitor sleep test or facility based PSG documents OSA as follows:

- Apnea-Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) greater than or equal to 15 events per hour; **OR**
- AHI/RDI greater than or equal to five and less than or equal to 14 events per hour with **ANY** of the following documented symptoms/diseases:
  - Documented apneic episodes; **OR**
  - Documented hypertension; **OR**
  - Excessive daytime sleepiness; **OR**
  - History of stroke; **OR**
  - Impaired cognition; **OR**
  - Insomnia; **OR**
  - Ischemic heart disease; **OR**
  - Mood disorders

The AHI/RDI must be based on a minimum of two hours sleep recorded by polysomnography using actual recorded hours of sleep (e.g., the AHI/RDI may not be extrapolated or projected).
Obstructive Sleep Apnea (OSA) and Other Sleep Related Breathing Disorders Nonsurgical Treatments

Effective Date: 02/19/2014
Revision Date: 02/19/2014
Review Date: 08/22/2013
Policy Number: CLPD-0434-010
Page: 5 of 18

Humana’s documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to http://apps.humana.com/tad/tad_new/home.aspx to verify that this is the current version before utilizing.

Apnea is defined as a cessation of airflow for at least ten seconds. Hypopnea is defined as an abnormal respiratory event lasting at least ten seconds with at least a thirty percent reduction in thoracoabdominal movement or airflow as compared to baseline and with at least four percent oxygen desaturation. Respiratory effort-related arousals (RERAs) are a sequence of breaths that lasts at least ten seconds, characterized by increasing respiratory effort or flattening of the nasal pressure waveform and leads to an arousal from sleep, but does not meet the criteria of an apnea or hypopnea. The AHI is the total number of apneas and hypopneas per hour of sleep. The RDI is the total number of events (e.g., apneas, hypopneas and RERAs) per hour of sleep.

APAP, CPAP, PAP with pressure relief technology (e.g., A-Flex, Bi-Flex, C-Flex, C-Flex +): Children

For information regarding sleep studies for children, please refer to Sleep Studies, Pediatric Medical Coverage Policy.

Humana members MAY be eligible under the Plan for APAP, CPAP, PAP with pressure relief technology (e.g., A-Flex, Bi-Flex, C-Flex, C-Flex +) when a facility based PSG documents OSA with ANY of the following:

- Minimal adenotonsillar tissue; OR
- Persistent OSA after adenotonsillectomy; OR
- Preference for nonsurgical alternative; OR
- Presence of contraindications to adenotonsillectomy; OR
- To stabilize patient with severe OSA before adenotonsillectomy or other surgical procedure

Other Positive Airway Pressure (PAP) Devices: Adult and Children

BiPAP, DPAP and VPAP MAY be considered medically necessary DME for members (pediatric or adult) who are intolerant to (failed) CPAP.

Failed CPAP is defined as any of the following, (which must be documented in the medical record:

See the DISCLAIMER. All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.
Obstructive Sleep Apnea (OSA) and Other Sleep Related Breathing Disorders Nonsurgical Treatments

Effective Date: 02/19/2014
Revision Date: 02/19/2014
Review Date: 08/22/2013
Policy Number: CLPD-0434-010
Page: 6 of 18

Humana’s documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to http://apps.humana.com/tad/tad_new/home.aspx to verify that this is the current version before utilizing.

• Claustrophobia; OR
• Inability to breathe through the nose; OR
• Pain or discomfort related to the CPAP appliance; OR
• Patient complaints of pressure discomfort at high pressures of CPAP (greater than 10 cm H2O); OR
• Patient intolerance to CPAP

Humana members MAY be eligible under the Plan for BiPAP, DPAP and VPAP for the treatment of Central Sleep Apnea (CSA) when a facility based PSG documents CSA with ANY of the following:

• Greater than or equal to five central apneas per hour of sleep with reported excessive daytime sleepiness (EDS), awakening with shortness of breath, frequent arousals and awakenings during sleep or insomnia; OR
• Greater than or equal to 10 central apneas or hypopneas per hour of sleep with central apneas occurring during the decrescendo portion of a crescendo-decrescendo respiratory pattern, accompanied by frequent arousals from sleep and breathing pattern is associated with a serious medical illness (e.g., heart failure, stroke or renal failure); OR
• Greater than or equal to 10 central apneas or hypopneas per hour of sleep with central apneas occurring during the decrescendo portion of a crescendo-decrescendo respiratory pattern, with the latter accompanied by frequent arousals from sleep and the patient has been taking a long-acting opioid regularly for at least two months

Humana members MAY be eligible under the Plan for BiPAP, DPAP or VPAP for the treatment of sleep associated hypoventilation (nocturnal hypoxemia) related to COPD when ALL of the following criteria are met:

• An arterial blood gas PaCO2, done while awake, and the patient’s prescribed FIO2 is greater than or equal to 52 mmHg; AND

See the DISCLAIMER. All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.
Obstructive Sleep Apnea (OSA) and Other Sleep Related Breathing Disorders Nonsurgical Treatments

Effective Date: 02/19/2014
Revision Date: 02/19/2014
Review Date: 08/22/2013
Policy Number: CLPD-0434-010
Page: 7 of 18

Humana’s documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to http://apps.humana.com/tad/tad_new/home.aspx to verify that this is the current version before utilizing.

- Sleep oximetry demonstrates oxygen saturation less than or equal to 88% for greater than or equal to five minutes of nocturnal recording time (minimum recording time of two hours), done while breathing oxygen at two LPM or the patient’s prescribed FIO2 (whichever is higher); AND

- Obstructive Sleep Apnea (OSA) and treatment with a CPAP device has been considered and ruled out

**Note:** APAP, BiPAP, CPAP, DPAP, VPAP, PAP with pressure relief technology (e.g., A-Flex, Bi-Flex, C-Flex, C-Flex +) are initially authorized for 90 days rental. Compliance is verified by smartcard, ordering physician, or patient’s primary care physician. Compliance is defined as usage of at least four hours per night for five days each week over a 30 day period. Verification of compliance may be determined at any time within the first 90 days of therapy in order to make purchase or extended rental decision. Continued rental or purchase is dependent upon demonstration of compliance and relief of symptoms.

**Note:** It is the Plan’s option to determine if the DME item shall be rented or purchased. If the cost of renting the item is more than the cost to buy it, only the cost of the purchase is considered to be a covered expense. In either case (rent or purchase), total covered expenses shall not exceed the purchase price. In the event the Plan determines to purchase the DME, any amount paid as rent for such equipment will be credited toward the purchase price.

**Repair or Replacement of Equipment**
Repair of the equipment (including parts) may be subject to the manufacturer’s warranty and limitations in the member’s contract regarding durable medical equipment (DME). Please consult the member’s individual contract regarding Plan coverage for repairs and replacement of DME. For information regarding repair or replacement of DME, please refer to the Repair/Replacement section of the Durable Medical Equipment (DME) Medical Coverage Policy.

Smartcards are used to view compliance data of a patient on CPAP and APAP and are an integral component of CPAP and APAP management and are therefore not separately reimbursable.

See the **DISCLAIMER.** All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.
Telecommunication or wireless transmission for PAP monitoring is considered integral to the primary procedure and not separately reimbursable.

Note: These criteria for PAP are not consistent with the Medicare National Coverage Policy, and therefore may not be applicable to Medicare members. Refer to the CMS web site at http://www.cms.gov for additional information.

Oral Appliances
Oral and/or dental appliances (splints) may be excluded as noncovered items as defined in the member’s individual certificate. Please refer to the member’s individual certificate for the specific definition.

Humana members MAY be eligible under the Plan for a custom made oral appliance when a home or facility sleep study documents OSA as follows:

- Apnea-Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) greater than or equal to 15 events per hour; OR

- AHI/RDI greater than or equal to five and less than or equal to 14 events per hour with ANY of the following documented symptoms/diseases:
  - Documented apneic episodes; OR
  - Documented hypertension; OR
  - Excessive daytime sleepiness; OR
  - History of stroke; OR
  - Impaired cognition; OR
  - Insomnia; OR
  - Ischemic heart disease; OR
  - Mood disorders

The AHI/RDI must be based on a minimum of two hours sleep recorded by polysomnography using actual recorded hours of sleep (e.g., the AHI/RDI may not be extrapolated or projected).

Apnea is defined as a cessation of airflow for at least ten seconds. Hypopnea is defined as an abnormal respiratory event lasting at least ten seconds with at least a
Obstructive Sleep Apnea (OSA) and Other Sleep Related Breathing Disorders Nonsurgical Treatments

Effective Date: 02/19/2014
Revision Date: 02/19/2014
Review Date: 08/22/2013
Policy Number: CLPD-0434-010
Page: 9 of 18

Humana’s documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to http://apps.humana.com/tad/tad_new/home.aspx to verify that this is the current version before utilizing.

A thirty percent reduction in thoracoabdominal movement or airflow as compared to baseline, and with at least four percent oxygen desaturation. Respiratory effort related arousals (RERAs) are a sequence of breaths that lasts at least ten seconds, characterized by increasing respiratory effort or flattening of the nasal pressure waveform, and leads to an arousal from sleep, but does not meet the criteria for an apnea or hypopnea. The AHI is the total number of apneas and hypopneas per hour of sleep. The RDI is the total number of events (e.g., apneas, hypopneas and RERAs) per hour of sleep.

**Note:** For patients with severe OSA*, an initial trial of CPAP is recommended. Upper airway surgery (including tonsillectomy and adenoidectomy, etc.) may also supersede the use of oral appliances in patients for whom these operations are predicted to be highly effective in treating OSA.

*Severe OSA is defined as Apnea-Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) of greater than 30 events per hour.

**Note:** Patients undergoing treatment with oral appliances for OSA may also need to undergo dental work such as dentures or bridgework. Even if these services are medically necessary, they are generally **NOT** covered under the Plan. These technologies may be excluded as noncovered items as defined in the member’s individual certificate. Please refer to the member’s individual certificate for the specific definition.

**Coverage Limitations**

Humana members may **NOT** be eligible under the Plan for APAP, BiPAP, CPAP, DPAP, VPAP, PAP with pressure relief technology (e.g., A-Flex, Bi-Flex, C-Flex, C-Flex +) for any other indications other than those listed above.

These technologies are considered not medically necessary as defined in the member’s individual certificate. Please refer to the member’s individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for nasal dilator devices or EPAP (e.g., Provent™ Sleep Apnea Professional Therapy) to treat OSA. This technology is considered experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer...
reviewed medical literature published in the English language.

**Oral Appliances**

Humana members may **NOT** be eligible under the Plan for an oral appliance for the treatment of snoring alone without OSA (e.g., *Snore Guard®*). The treatment of snoring is considered **NOT** medically necessary.

Humana members may **NOT** be eligible under the Plan for an oral appliance for OSA that is **NOT** custom made. Oral appliances for OSA that are available over the counter without a prescription are not considered medically necessary because they have not been shown to be as effective as custom made oral appliances in the treatment of OSA.

Humana members may **NOT** be eligible under the Plan for PAP therapy or oral appliance for upper airway resistance syndrome (UARS). These technologies are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may **NOT** be eligible under the Plan for Oral Pressure Therapy (OPT) (e.g., *Winx™*) for any indication. This technology is considered experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer reviewed medical literature published in the English language.

**Background**

You can learn more about **OSA** from the following websites:

- American Sleep Apnea Association (ASAA) - [http://www.sleepapnea.org](http://www.sleepapnea.org)

**Medical Alternatives**

Alternatives to **oral appliances and PAP devices** include, but may not be limited to, the following:

- Abstinence from alcohol and hypnotic sedatives, especially at bedtime

See the DISCLAIMER. All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.
• Positional therapy (avoidance of sleep on the back by various means, including body belts or specially designed pillows)

• Surgery. For information regarding surgery for OSA, please refer to Obstructive Sleep Apnea (OSA) Surgical Treatment Medical Coverage Policy

• Weight loss through a diet and exercise program

To make the best health care decision for your individual needs, consult your physician.

Provider Claims Codes All provider claims codes surrounding this topic may not be included in the following table:

<table>
<thead>
<tr>
<th>CPT® Code(s)</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>21085</td>
<td>Impression and custom preparation; oral surgical splint</td>
<td></td>
</tr>
<tr>
<td>94660</td>
<td>Continuous positive airway pressure ventilation (CPAP), initiation and management</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT® Category III Code(s)</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS Code(s)</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4604</td>
<td>Tubing with integrated heating element for use with positive airway pressure device</td>
<td></td>
</tr>
<tr>
<td>A7002</td>
<td>Tubing, used with suction pump, each</td>
<td>Not Covered if used to report oral pressure therapy</td>
</tr>
<tr>
<td>A7027</td>
<td>Combination oral/nasal mask, used with continuous positive airway pressure device, each</td>
<td></td>
</tr>
<tr>
<td>A7028</td>
<td>Oral cushion for combination oral/nasal mask, replacement only, each</td>
<td></td>
</tr>
</tbody>
</table>

See the DISCLAIMER. All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A7029</td>
<td>Nasal pillows for combination oral/nasal mask, replacement only, pair</td>
</tr>
<tr>
<td>A7030</td>
<td>Full face mask used with positive airway pressure device, each</td>
</tr>
<tr>
<td>A7031</td>
<td>Face mask interface, replacement for full face mask, each</td>
</tr>
<tr>
<td>A7032</td>
<td>Cushion for use on nasal mask interface, replacement only, each</td>
</tr>
<tr>
<td>A7033</td>
<td>Pillow for use on nasal cannula type interface, replacement only, pair</td>
</tr>
<tr>
<td>A7034</td>
<td>Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap</td>
</tr>
<tr>
<td>A7035</td>
<td>Headgear used with positive airway pressure device</td>
</tr>
<tr>
<td>A7036</td>
<td>Chinstrap used with positive airway pressure device</td>
</tr>
<tr>
<td>A7037</td>
<td>Tubing used with positive airway pressure device</td>
</tr>
<tr>
<td>A7038</td>
<td>Filter, disposable, used with positive airway pressure device</td>
</tr>
<tr>
<td>A7039</td>
<td>Filter, nondisposable, used with positive airway pressure device</td>
</tr>
<tr>
<td>A7044</td>
<td>Oral interface used with positive airway pressure device, each</td>
</tr>
<tr>
<td>A7045</td>
<td>Exhalation port with or without swivel used with accessories for positive airway devices, replacement only</td>
</tr>
<tr>
<td>A7046</td>
<td>Water chamber for humidifier, used with positive airway pressure device, replacement, each</td>
</tr>
<tr>
<td>A7047</td>
<td>Oral interface used with respiratory suction pump, each</td>
</tr>
<tr>
<td>A9279</td>
<td>Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified</td>
</tr>
<tr>
<td>E0470</td>
<td>Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)</td>
</tr>
</tbody>
</table>

Not Covered if used to report oral pressure therapy

Telecommunication or wireless transmission for PAP monitoring is considered integral to the primary procedure and not separately reimbursable

See the DISCLAIMER. All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.
Obstructive Sleep Apnea (OSA) and Other Sleep Related Breathing Disorders Nonsurgical Treatments

Humana’s documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to http://apps.humana.com/tad/tad_new/home.aspx to verify that this is the current version before utilizing.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0471</td>
<td>Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)</td>
<td></td>
</tr>
<tr>
<td>E0472</td>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>E0485</td>
<td>Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment</td>
<td>Not Covered</td>
</tr>
<tr>
<td>E0486</td>
<td>Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment</td>
<td></td>
</tr>
<tr>
<td>E0561</td>
<td>Humidifier, nonheated, used with positive airway pressure device</td>
<td></td>
</tr>
<tr>
<td>E0562</td>
<td>Humidifier, heated, used with positive airway pressure device</td>
<td></td>
</tr>
<tr>
<td>E0600</td>
<td>Respiratory suction pump, home model, portable or stationary, electric</td>
<td>Not Covered if used to report oral pressure therapy</td>
</tr>
<tr>
<td>E0601</td>
<td>Continuous positive airway pressure (cpap) device</td>
<td></td>
</tr>
<tr>
<td>S8262</td>
<td>Mandibular orthopedic repositioning device, each</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-9 Procedure Code(s)</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.90</td>
<td>Non-invasive mechanical ventilation</td>
<td></td>
</tr>
</tbody>
</table>

**Medical Terms**

- **Adenotonsillectomy** - Surgical procedure to remove the adenoids and tonsils.
- **Adenoid** - Enlarged mass of lymphoid tissue in the upper pharynx, often obstructing breathing through the nasal passages.
- **Apnea** - Cessation of breathing.

See the **DISCLAIMER**. All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.
Apnea-Hypopnea Index (AHI) - Index used to measure sleep apnea severity, calculated by dividing the number of apneas and hypopneas by the number of hours of sleep.

Cheyne-Stokes breathing - Cyclic breathing marked by a gradual increase in the rapidity of respiration followed by a gradual decrease and total cessation lasting from five to fifty seconds.

Claustrophobia - Fear of enclosed or narrow spaces.

Cognition - Mental functions such as the ability to think, reason and remember.

Contraindication - Symptom or condition that makes a particular treatment or therapy inadvisable.

Desaturation - Indicates a drop in the oxygen level in the blood.

Exhalation - To breathe out.

Extrapolate - To infer or estimate by extending or projecting known information.

Hypertension - Elevation of the blood pressure.

Hypertrophy - Enlargement of tissue or organ.

Hypnotic Sedative - Medication prescribed to aid in falling asleep.

Hypopnea - Abnormally slow, shallow breathing.

Idiopathic - Relating to or being a disease; arising spontaneously or from an obscure or unknown cause.

Ischemic Heart Disease - Any condition in which the heart muscle is damaged or works inefficiently because of a decreased blood flow, usually due to atherosclerosis.

Mandibular - Relating to the mandible; the bone of the lower jaw.

Orifice - Mouth like hole or opening.

See the DISCLAIMER. All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.
**Obstructive Sleep Apnea (OSA) and Other Sleep Related Breathing Disorders Nonsurgical Treatments**

**Effective Date:** 02/19/2014  
**Revision Date:** 02/19/2014  
**Review Date:** 08/22/2013  
**Policy Number:** CLPD-0434-010  
**Page:** 15 of 18

Humana’s documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [http://apps.humana.com/tad/tad_new/home.aspx](http://apps.humana.com/tad/tad_new/home.aspx) to verify that this is the current version before utilizing.

**Oropharyngeal** - Area of the throat at the back of the mouth.

**Polysomnography** - Simultaneous and continuous monitoring of relevant normal and abnormal physiological activity during sleep.

**Prefabricated** - Manufactured in standardized parts or sections.

**Respiratory Disturbance Index (RDI)** - Total number of sleep disturbances that occur per hour of sleep, including apneas, hypopneas and respiratory effort related arousals (RERAs).

**Respiratory Effort-Related Arousals (RERAs)** - Sequence of breaths that lasts at least ten seconds, characterized by increasing respiratory effort or flattening of the nasal pressure waveform, and leads to an arousal from sleep, but does not meet the criteria of an apnea or hypopnea.

**Stroke** - Also called cerebrovascular accident; a blockage or hemorrhage of a blood vessel leading to the brain, causing inadequate oxygen supply, and depending on the extent and location of the abnormality, such symptoms as weakness, paralysis of parts of the body, speech difficulties, and, if severe, loss of consciousness or death.

**Synchronizing** - Coordination of the timing of an event; in this case, inspiration (breathing in) and expiration (breathing out).

**Thoracoabdominal** - Relating to the chest and abdomen.

**Titration** - Adjusting to the lowest concentration so that the desired effect is achieved.

**Tonsil** - Small mass of lymphoid tissue, especially either of two masses embedded in the lateral walls of the opening between the mouth and the pharynx, of uncertain behavior, but believed to help protect the body from respiratory infections.

**Upper Airway Resistance Syndrome (UARS)** - Condition characterized by brief, frequent arousals and abnormal breathing pattern during sleep and excessive daytime sleepiness. With UARS, cessation of breathing does not occur nor does a decrease in oxygen saturation, as with apneas and hypopneas.

See the **DISCLAIMER**. All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.
Obstructive Sleep Apnea (OSA) and Other Sleep Related Breathing Disorders Nonsurgical Treatments

Effective Date: 02/19/2014
Revision Date: 02/19/2014
Review Date: 08/22/2013
Policy Number: CLPD-0434-010
Page: 16 of 18

Humana’s documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to http://apps.humana.com/tad/tad_new/home.aspx to verify that this is the current version before utilizing.

References


ECRI Institute. Custom Hotline Response. Auto-titrating continuous positive airway
See the DISCLAIMER. All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.


See the DISCLAIMER. All Humana member health plan contracts are NOT the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.