

# Continuous Positive Airway Pressure

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4008

Recent review date: 1/2025

Next review date: 5/2026

Policy contains: Continuous Positive Airway Pressure; CPAP; obstructive sleep apnea; polysomnogram.

*AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.*

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## Policy statement

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Continuous positive airway pressure (CPAP) devices are clinically proven and, therefore, may be medically necessary for obstructive sleep apnea when the following criteria are met:

### Criteria for Adults

A single level CPAP device is covered if the member has a diagnosis of obstructive sleep apnea (OSA), documented by an attended facility-based polysomnogram and meets either of the following criteria:

- The apnea-hypopnea index (AHI) is greater than or equal to 15 events per hour; or
- The AHI is from five to 14 events per hour with documented symptoms of:
  - Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; or
  - Hypertension, ischemic heart disease, or history of stroke.

For the purpose of this policy, polysomnographic studies must be performed in a facility based sleep study laboratory and not in the home or in a mobile facility. These labs must be qualified providers of Medicare or Medicaid services and comply with all applicable state regulatory requirements.

For the purpose of this policy, polysomnographic studies may not be performed by a DME provider.

### Pediatric Criteria (Under Age 21)

A single level CPAP device is covered if the member has a diagnosis of OSA documented by an attended, facility-based polysomnogram and there is:

- Documentation of physical exam (including airway) and of any other medical condition, which may be correctable (e.g., tonsillectomy and/or adenoidectomy) prior to the institution of assisted ventilation.
- Documentation of how sleep disturbance reduces the quality of life and affects the activities of daily living.
- Prescription by a physician with training and expertise in pediatric respiratory sleep disorders.
- Documentation of the medical diagnosis, which is known to cause respiratory/sleep disorders.
- Sleep or respiratory study documenting two or more of the following:
  - Oxygen saturation of less than 90% pulse oximetry or partial pressure of transcutaneous or arterial of less than 60 mm Hg;
  - Carbon dioxide greater than 55 mm Hg by end tidal, transcutaneous, arterial, or capillary blood measurement; and
  - Apnea of 10 to 20 seconds duration on the average of one per hour.
- A follow up plan should be submitted identifying the responsible physician or facility, giving data collected to demonstrate the success or failure of intervention, and showing a visit within the first month of use and a second assessment within the first three months of use.
- Indication of a responsible, committed home environment and of caregivers properly trained in appropriate respiratory care.
- A written plan for home health follow up care.

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## References

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Louisiana Medicaid *Durable Medical Equipment Provider Manual*. 2010. Continuous Positive Airway Pressure. Chapter 18, Section 18.2. Issued 08/13/2024.

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## Policy updates

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Initial review date: 3/2/2021

3/2023: Policy references updated.

1/2024: Policy references updated.

1/2025: Policy references updated.