



Status **Active** PolicyStat ID **14850843**



Origination 07/2021
 Last Approved 12/2023
 Effective 12/2023
 Last Revised 12/2023
 Next Review 12/2024

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 Management
 Document Area Commercial and
 Health Exchange
 Applicability Denver Health
 Medical Plan
 (DHMP)
 Document Types DOP

Obstructive Sleep Apnea (DME) - Utilization Management (UM) Clinical Coverage Guidance

PURPOSE

Provide Clinical Coverage Guidance for determining what medical services, procedures, devices, and drugs may be eligible for coverage and to evaluate whether a medical procedure or equipment is medically necessary. Providers are responsible for verifying eligibility and benefits before providing services to all Denver Health Medical Plan (DHMP) members.

Important Information - Please Read Before Using This Policy

The following coverage policy applies to benefits administered by DHMP, and may not be covered by all benefit plans. Please refer to the member's handbook - Evidence of Coverage (EOC) for specific coverage information. If there is a difference between this general information and the member EOC, the member EOC will be used to determine coverage. For example, a member EOC may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact the DHMP Health Plan Services department if you have questions about member benefits.

SCOPE

This Clinical Coverage Guidance applies to the company utilization management (UM) department for Commercial and Health Exchange lines of business. DHMP considers the diagnosis and treatment necessary according to the criteria outlined below.

DEFINITIONS

None

PROCESS

CLINICAL COVERAGE GUIDELINES

Positive Airway Pressure Device (MCG criteria will be reviewed to determine medical necessity to initiate therapy)

Trial Period for Initiation of Therapy

- A. Initial therapy requires a three to four (3-4) month trial period. The member must demonstrate compliance within the initial trial period to continue therapy.
 - 1. Compliance is defined as usage that is four (4) hours per night on 70% of nights during a consecutive 30 day period any time during the approved trial/rental period.
- A. A second trial period may be considered, within one (1) year, if the member does not reach compliance by the end of the trial period.
 - 1. Additional considerations for a second trial period will be made at the RN's discretion in the event of unforeseen circumstances (i.e. hospitalization, illness, etc.) and will be considered on a case-by-case basis.

Continued Rental/Purchase

- A. Continued rental of a positive airway pressure device beyond the trial period is considered medically necessary if the member demonstrates compliance, as defined above.
- A. Positive airway pressure device requires a total of 13 month rental, including the trial period, to satisfy the purchase price of the device.

Replacement

- If a device is replaced within five (5) years because of loss, theft, or irreparable damage there is no requirement for a new sleep test or trial period.
- If a device is replaced after five (5) years, there must be a face-to-face evaluation by the

members treating physician (within six (6) months of the request) that documents that the beneficiary continues to use and benefit from the device. There is no requirement for a new sleep test or trial period.

Newly Enrolled members

If a member received a device prior to enrollment and is in need of a new device or supplies, then documentation that the beneficiary had a sleep test must be provided with the initial PAR. There is no requirement for a new sleep test unless the documentation from the prior test cannot be provided.

DOCUMENTATION/RECORDS

None

EXTERNAL REFERENCES

NCQA 2023 Standards and Guidelines for the Accreditation of Health Plans, UM2 Element A.

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) | Colorado Department of Health Care Policy & Financing; <https://hcpf.colorado.gov/DMEPOS-manual>

DHMP/DHHA RELATED DOCUMENTS

None

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Approval Signatures

Step Description	Approver	Date
Final Signatory	Gregory McCarthy: Executive Director MC	12/2023
NCQA	Viv Duval: Project Manager I, Administration	12/2023
Medical Director	Christine Seals: Medical Director Managed Care	12/2023
Formatting	Candy Gibbons: Executive Assistant	12/2023
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