# **UM Clinical Coverage Guidance**

## **Obstructive Sleep Apnea (DME)**

#### SCOPE

This clinical coverage guidance applies to the Commercial lines of business.

#### CLINICAL COVERAGE GUIDELINE

#### **Positive Airway Pressure Device**

- 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.
  - i. 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.
- B. 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.
  - i. 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) 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 during the trial period.
- **B.** Positive airway pressure device requires a total of 13 month rental, including the trial period, to satisfy the purchase price of the device.

## Replacement

- A. 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.
  - i. 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**

A. 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.

#### EXTERNAL REFERENCES

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) | Colorado Department of Health Care Policy & Financing; <a href="https://hcpf.colorado.gov/DMEPOS-manual">https://hcpf.colorado.gov/DMEPOS-manual</a>; NCQA 2024 Standards and Guidelines for the Accreditation of Health Plans, UM2 Element A