

Medical Necessity Guidelines: Positive Airway Pressure (PAP) Devices

Effective: September 1, 2020

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| Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <p>Applies to: COMMERCIAL Products <input type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 <ul style="list-style-type: none"> CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization TUFTS HEALTH PUBLIC PLANS Products <input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055 <input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404 <input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304 *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists. SENIOR Products <ul style="list-style-type: none"> Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List </p> | |
| <p>To obtain InterQual[®] SmartSheets[™]:</p> <ul style="list-style-type: none"> Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products: If you are a registered Tufts Health Plan provider click here to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404. Tufts Health Public Plans products: InterQual SmartSheet(s) available as part of the prior authorization process. | |

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires prior authorization for certain positive airway pressure devices.

In order to obtain prior authorization for durable medical equipment (DME), choose the appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Plan.

The following individual InterQual SmartSheets are to be used when requesting prior authorization:

- Continuous Positive Airway Pressure (CPAP) Device**
- Respiratory Assist Device, Bi-level Pressure with Backup Rate**
- Respiratory Assist Device, Bi-level Pressure without Backup Rate**

TUFTS HEALTH PLAN MODIFICATION TO INTERQUAL

Documentation of an authorized sleep study, completed within the previous 24 months, will be required to determine the need for continued positive airway pressure treatment if:

- Previous sleep study is not available or
- Results of previous sleep study do not clearly establish a diagnosis of obstructive or central sleep apnea which will benefit from PAP treatment or
- Clinical documentation suggests a change in clinical status (e.g., cardiac, pulmonary, neuromuscular condition, substantial weight loss, upper airway surgery) since previous sleep study.

CODES

Durable Medical Equipment REQUIRING PRIOR AUTHORIZATION:

Tufts Health Plan will be using InterQual SmartSheet(s) for the following equipment and associated HCPCS code(s).

The following HCPCS code(s) require prior authorization:

| Code | Description |
|-------|--|
| E0470 | 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) |
| E0471 | 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) |
| E0601 | CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE |

REFERENCES

1. Commonwealth of Massachusetts Mass Health Provider Manual Series, Durable Medical Equipment, 130 CMR 409.420. Last accessed September 25, 2017
2. Executive Office of Health and Human Services, State of Rhode Island. Coverage Guidelines for Durable Medical Equipment. Last accessed September 5, 2017. eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment.aspx.
3. Epstein LJ, Kristo D, et.al. Clinical Guideline for the Evaluation, Management and Long-term Care of Obstructive Sleep Apnea in Adults. Journal of Clinical Sleep Medicine 2009; 5(3):263-276.
4. Kushida CA, Littner MR, et.al. Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005. SLEEP 2005; 28(4):499-521.
5. Kapur VK, Auckley DH, Chowdhuri S, Kuhlmann DC, Mehra R, Ramar K, Harrod CG. Clinical practice guideline for diagnostic testing for adult obstructive sleep apnea: an American Academy of Sleep Medicine clinical practice guideline. J Clin Sleep Med. 2017; 13(3):479-504.
6. The Link between Obesity and Obstructive Sleep Apnea/Provider Fact Sheet. American Academy Of Sleep Medicine/ Provider Fact sheet. j2vjt3dnbra3ps7ll1clb4q2-wpengine.netdna-ssl.com/wp-content/uploads/2018/09/ProviderFS_Obesity_18.pdf. Accessed February 18, 2019.

APPROVAL HISTORY

November 8, 2017: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC). Medical Necessity Guideline posted to be consistent with existing THPP Benefit Grids and Payment Policies with an effective date of January 1, 2015 for Tufts Health Direct and Together and August 1, 2017 for RITogether.

Subsequent endorsement date(s) and changes made:

- August 22, 2018: Reviewed by IMPAC, renewed without changes
- October 10, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- December 17, 2018: InterQual® upgrade effective for Tufts Health Direct and Tufts Health Together. Effective January 14, 2019, InterQual® upgrade for Tufts Health RITogether.
- March 20, 2019: Reviewed at IMPAC. For effective date July 1, 2019, THP Modification to InterQual added requiring sleep study within previous 24 months.
- June 19, 2019: Reviewed by IMPAC, renewed without changes
- May 20, 2020: Reviewed by IMPAC, renewed without changes
- August 17, 2020: Effective September 1, 2020, prior authorization for sleep therapy and resupply requests for Tufts Health Direct and Tufts Health Together is managed by eviCore healthcare (eviCore).
- September 23, 2020: Fax number for Unify updated

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage

decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.