



**PEDIATRIC CONTINUOUS POSITIVE AIRWAY
PRESSURE (CPAP) FOR THE TREATMENT OF
OBSTRUCTIVE SLEEP APNEA
HS-099**



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

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WellCare Health Insurance of Arizona, Inc.*

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**Pediatric Continuous Positive
Airway Pressure (CPAP) for
the Treatment of Obstructive
Sleep Apnea (<18 Years)**

Policy Number: HS-099

Original Effective Date: 4/16/2009

Revised Date(s): 8/4/2011

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Obstructive sleep apnea syndrome (OSAS) is a disorder of breathing in which prolonged partial upper airway obstruction and/or intermittent complete obstruction occurs during sleep disrupting normal ventilation and normal sleep patterns. The signs and symptoms of OSAS in children include habitual snoring (often with intermittent pauses, snorts, or gasps) with labored breathing, observed apneas, restless sleep, and daytime neurobehavioral problems. Nocturnal enuresis, diaphoresis, cyanosis, mouth breathing, nasal obstruction during wakefulness, adenoidal facies, and hyponasal speech may also be present. Daytime sleepiness is sometimes reported but hyperactivity can frequently occur. Severe complications of untreated OSAS in children include systemic hypertension, pulmonary hypertension, failure to thrive, cor pulmonale, and heart failure.

Adenotonsillectomy remains the treatment of choice for most children with a strong clinical history of OSA or with OSA documented by polysomnography. Anatomically, the tonsils and adenoids represent the most common area of hypertrophy that contributes to airway obstruction. Numerous studies have documented improvement in snoring, OSA, enuresis, behavior, and growth following adenotonsillectomy.

The parameters originally used to evaluate childhood polysomnograms were based on adult values. OSA in adults is defined as a respiratory pause lasting more than 10 seconds. Because of children's different physiology and higher baseline respiratory rate, clinically relevant apneas may not last this long. Apneas of three to four seconds' duration can be accompanied by desaturations. These findings have led to the development of separate guidelines for the interpretation of polysomnograms in children.

In children, an apnea-hypopnea index greater than 1 (average: 0.1 to 0.5 events per hour) or a minimum oxygen saturation of less than 92 percent (average: 96 percent \pm 2 percent) is considered abnormal. The apnea-hypopnea index is calculated as the average number of apneas and hypopneas per hour of sleep.

POSITION STATEMENT

Continuous Positive Airway Pressure (CPAP) for the treatment of obstructive sleep apnea in children ages less than 18 **is considered medically necessary** when the following criteria are met:

- There is a documented diagnosis of obstructive sleep apnea; **AND**,
- Polysomnography demonstrates apnea-hypopnea index (AHI) equal to or greater than 1;

AND,

- Adenotonsillectomy has been unsuccessful in relieving OSA; **OR**,
- Adenotonsillar tissue is minimal; **OR**,
- Adenotonsillectomy is inappropriate based on OSA being attributable to another underlying cause such as craniofacial anomaly); **OR**,
- Adenotonsillectomy is contraindicated

CODING

Covered CPT® Codes

94660 CPAP -Continuous positive airway pressure ventilation, initiation and management



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ICD-9-CM Procedure Codes

93.90 CPAP - Continuous Positive Airway Pressure without delivery through endotracheal tube or tracheostomy; Non-Invasive Mechanical Ventilation;

HCPCS Level II Codes

A7027 Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028 Oral cushion for combination oral/nasal mask, replacement only, each
A7029 Nasal pillows for combination oral/nasal mask, replacement only, pair
A7030 Full face mask used with positive airway pressure device, each
A7031 Face mask interface, replacement for full face mask, each
A7032 Cushion for use on nasal mask interface, replacement only, each
A7033 Pillow for use on nasal cannula type interface, replacement only, pair
A7034 Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035 Headgear used with positive airway pressure device
A7036 Chinstrap used with positive airway pressure device
A7037 Tubing used with positive airway pressure device
A7038 Filter, disposable, used with positive airway pressure device
A7039 Filter, non-disposable, used with positive airway pressure device
A7044 Oral interface used with positive airway pressure device, each
A7045 Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
A7046 Water chamber for humidifier, used with positive airway pressure device, replacement, each
E0470 Respiratory assist device, bi-level pressure capability, without back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0472 Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
E0561 Humidifier, non-heated, used with positive airway pressure device
E0562 Humidifier, heated, used with positive airway pressure device
E0601 Continuous airway pressure (CPAP) device

Covered ICD-9-CM Diagnosis Codes

327.23 Obstructive sleep apnea (adult) (pediatric) [OSAS]

*Current Procedural Terminology (CPT) 2011 American Medical Association: Chicago, IL.©©

REFERENCES

Peer Reviewed

1. American Academy of Family Physicians. Obstructive Sleep Apnea in Children. Chan, J, Edman, JC, Koltai, PJ. Am Fam Physician, 69, 1147-54. 2004.
2. American Academy of Pediatrics. Section on Pediatric Pulmonology, Subcommittee on Obstructive Sleep Apnea Syndrome. Clinical Practice Guideline: Diagnosis and management of Childhood Obstructive Sleep Apnea. Pediatrics, 109 (4), April, 2002.
3. Lipton, AJ, Gozal, D. Treatment of obstructive sleep apnea in children: do we really know how? Clinical Review, Sleep Medicine Reviews, 7 (1), 61-80. 2003.
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5. Guilleminault, C, Hyun Lee, J, Chan, A. Pediatric Obstructive Sleep Apnea Syndrome. Arch Ped Adolesc Med, 159, August, 2005.



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6. InterQual. 2011 Durable medical equipment criteria - noninvasive airway assist devices: general. 2011. Hayes Directory. Sleep Apnea Diagnosis, Pediatrics. April 21, 2000.

Government Agencies, Professional and Medical Organizations – N/A

HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
8/4/2011	<ul style="list-style-type: none">• Approved by MPC. Non substantive change; added highlighted areas to more clearly define age of pediatric patient (see pp. 1-2). Previously defined on p. 2 as 0-12; now reads “less than 18”.