Reference Document:

UNDERSTANDING CLAIMS FOR TREATMENT OF OBSTRUCTIVE SLEEP APNEA WITH POSITIVE AIRWAY PRESSURE (PAP) DEVICES

TABLE OF CONTENTS

This Reference Document is meant for informational purposes only. All claims for PAP devices will be adjudicated in accordance with the terms of the group benefit plan under which they are being claimed. In the event of a discrepancy between this Reference Document and the group benefit plan, the provisions of the group benefit plan will apply.

1. Introduction

Obstructive sleep apnea (OSA) is a sleep disorder that affects as many as one in four adults in Canada. When people with OSA fall asleep, the muscles in their throats relax, causing their upper airways to collapse. As a result, their breathing stops and restarts throughout the night. Symptoms of OSA include snoring, unrefreshing sleep, excessive daytime sleepiness, lack of concentration, impaired memory, and lower quality of life. Anyone can develop OSA, but some factors may increase the risk, such as obesity, male gender, older age, alcohol and drug use, smoking, having narrowed airways, and family history. Untreated, OSA can lead to serious health complications such as fatigue, hypertension, cardiovascular events, and diabetes.[1]

This Reference Document has been developed by member companies of the Canadian Life and Health Insurance Association (CLHIA) and provides a reference guide for plan sponsors and plan members when claiming sleep apnea appliances through their group benefit plan. This reference document is intended for general information only. The reference document will assist plan members and plan sponsors by providing some guidance on the information which may typically be required by insurance companies and benefit plan administrators in order to adjudicate claims for sleep apnea appliances, the criteria that may be applied and the process (such as a trial before purchase) that may be required.

This Reference Document relies on guidance from the Canadian Agency for Drugs and Technologies in Health - CADTH. CADTH is an independent, not-for-profit organization responsible for providing health care decision-makers with objective evidence to help make informed decisions about the optimal use of health technologies, including drugs, diagnostic tests, medical, dental, and surgical devices and procedures. CADTH has carried out an extensive review on the clinical and economic effectiveness, patient perspectives and experiences, ethical and implementation issues, and environmental impact of positive airway pressure (PAP) devices, expiratory positive airway pressure (EPAP) valves, oral appliances (OAs), surgery, and lifestyle modifications for the treatment of OSA in adults. You can view the review report here.

Based on the evidence presented in that report, the Health Technology Expert Review Panel (HTERP), an advisory body to CADTH, developed recommendations about interventions for the treatment of OSA in adults. You can view the recommendations report here.

Plan sponsors and plan members with specific questions concerning their group benefit coverage should refer to their group benefit plan or employee booklet or contact their insurance company or benefit plan administrator directly.

This Reference Document is meant for informational purposes only. All claims for appliances to treat CPAP, APAP and BIPAP will be adjudicated in accordance with the terms of the group benefit plan under which they are being claimed. In the event of a discrepancy between this Reference Document and the group benefit plan, the provisions of the group benefit plan will apply.

2. Definitions

Automatically-Adjusting Positive Airway Pressure (APAP): is a form of PAP that automatically adjusts, minute by minute, the pressure required to keep the airway open.

Bilevel Positive Airway Pressure (BIPAP): is a form of PAP that uses a time-cycled or flow-cycled change between two different applied levels of positive airway pressure and is recommended for certain conditions.

Continuous Positive Airway Pressure (CPAP): forces a continuous, steady stream of pressurized air into the upper airways to prevent soft tissues from collapsing.

Genial Tubercle Advancement (GTA): (also known as Genioglossus Advancement (GA)) is a surgical procedure mobilizing the genial tubercle on which the genioglossus muscle is inserted in order to increase space for the airway in the hypopharynx of patients with OSA.

Maxillomandibular Advancement (MMA): (sometimes called bimaxillary advancement or double jaw advancement) an oral appliance (OA) that moves the upper (maxilla) and lower (mandible) jaws forward, and effectively enlarges the airway in both the palate and tongue regions.

Mandibular Advancement Device (MAD): an OA that opens the airway by moving the mandible (the lower jaw) forward. The tongue is attached to the lower jaw behind the chin. As the jaw is moved forward, the collapsible part of your airway is held open by the forward movement of the tongue and other airway muscles. MADs also improve the strength and rigidity of the airway by increasing the muscle activity of the tongue and other muscles of the airway.

rescriber: is the healthcare professional who determines the medical necessity for their patient to be treated and what form that treatment should take. Eligible prescribers would include your general physician, nurse practitioner or a specialist physician in sleep-disordered breathing.

Sleep Studies

a) **Level 1**: Overnight in a sleep lab or clinic. A Level 1 study records your brain waves, heartbeats and breathing as you sleep. It also charts your eye movements, limb movements and oxygen in your blood.
b) **Level 2:** Not in use in Canada.
c) **Level 3**: Sleep study conducted in your home. The device provided records your oxygen levels, heart rate, airflow, snoring and other parameters while you are asleep.
d) **Level 4**: Refers to Sleep Apnea Screening with Oximetry, which measures blood oxygen levels; this test may also include measuring heart rate. Level 4 studies are normally used to test for Pediatric Sleep disorders.

3. Coordination of Public/Private Payment

In Canada, public plan coverage for sleep studies and sleep apnea appliances varies from province/territory. Where public coverage exists, plan members must access the public plan first. Plan sponsors and members are recommended to review the coverage available in their province/territory.

Where public/private plans coordinate payment, such as in Ontario with the Assistive Devices Program (ADP), the public plan may define the type and criteria of sleep study that is funded as well as the type and criteria of appliance. Where public coverage is not available, the private plan will define criteria and requirements.

4. Sleep Apnea Therapy with PAP Devices

The Apnea–Hypopnea Index or Apnoea–Hypopnoea Index (AHI) is an index used to indicate the severity of sleep apnea. It is represented by the number of apnea and hypopnea events per hour of sleep. The apneas (pauses in breathing) must last for at least 10 seconds and be associated with a decrease in blood oxygenation.

CADTH has reviewed relevant studies and produced a report on the clinical and economic effectiveness, patient perspectives and experience, ethical and implementation issues, and environmental impact of various interventions for the treatment of OSA in adults. Based on the evidence from that report, HTERP has made the following recommendations:

a) Mild OSA (AHI < 15) = weight loss/exercise (if overweight/obese) or no treatment (if not overweight/obese);
b) Moderate OSA ($15 \leq \text{AHI} \leq 30$) or severe OSA ($\text{AHI} \geq 30$) = treatment with CPAP or OAs; and
c) No MMA unless other interventions have failed.

Private health insurers in Canada will consider these recommendations when approving sleep apnea therapy. For cases where PAP has not been recommended as the ideal treatment, other factors may be considered if they provide support for the medical necessity of PAP therapy.

5. Process to Obtain Reimbursement for Sleep Apnea Therapy

While the process may differ between insurers, generally a sleep apnea study is required as a first step. The prescriber must review the sleep apnea study and provide their treatment recommendations, which may or may not include PAP therapy. Insurers will review the prescriber's recommendations and make their decision based on the severity of OSA and as guided by CADTH's report and HTERP's recommendations.

There may be additional requirements for a trial period. Successful sleep apnea treatment may be dependent upon a successful trial of the intervention, in particular the PAP machine. Insurers support a trial period during which sustained compliance to the prescribed treatment is assessed. If, at the end of the trial, the member has routinely used the appliance correctly and achieved the desired results, the insurer may authorize purchase. Technology is available on PAP devices to monitor compliance via modem technology.

Plan members should always confirm requirements for coverage with their insurer prior to accessing treatment.

6. Supplies, Warranties and Replacements

The device generally will come with a minimum 3-year warranty. Appliances included with the cost of the device include:

- a positive airway pressure device
- a heated humidifier
- a basic mask and headgear, or upgraded mask and headgear

Additional supplies such as a carrying case, tubing, caps/filters may or may not be included.

Some insurers may reimburse a claim for a replacement PAP machine when the current machine is no longer able to function. This is up to the discretion of the insurer.

1. In Brief: A Summary of the Optimal Use Program, Treating Obstructive Sleep Apnea, CADTH, March 2017

CADTH HTA report: https://www.cadth.ca/interventions-treatment-obstructive-sleep-apnea-adults-health-technology-assessment.

The full recommendations report can be found here: https://cadth.ca/sites/default/files/pdf/OP0525_OSA_Treatment_Recs_Report.pdf.