Policy Name: Nasal Expiratory Positive Airway Pressure (Provent®) for Obstructive Sleep Apnea
Current Policy Effective Date: 8/1/2016

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy
Nasal expiratory positive airway pressure (Provent®) for obstructive sleep apnea is investigative and therefore NOT COVERED.

Note: See also related Medica coverage policies: Home Use of Continuous Positive Airway Pressure (CPAP) and Home Use of Bilevel Positive Airway Pressure (BiPAP).

Description
Obstructive sleep apnea (OSA) is a breathing disorder characterized by a decrease or complete cessation of airflow during sleep due to repetitive collapse of the upper airway. Untreated OSA may cause excessive daytime sleepiness, impaired daytime function, metabolic dysfunction, and an increased risk of cardiovascular disease.

Continuous positive airway pressure (CPAP) is a first-line treatment for patients with moderate to severe OSA. However, many patients complain of the intrusive nature of CPAP which may result in a lack of compliance. The Provent nasal device is a small nasal valve that acts as a one-way resistor, producing expiratory resistance while leaving inspiration unaffected. Its fundamental difference from CPAP is that it provides no positive pressure to the airway during inspiration and does not require an external power source. The expiratory flow resistance creates positive pressure during the expiratory phase of respiration, which purportedly stabilizes the pharynx and prevents its periodic collapse during sleep.

FDA Approval
Provent Nasal Dilator, Model BR2, also known as Provent Professional Sleep Apnea Therapy (Ventus Medical Inc., Belmont, CA), received FDA 510(k) clearance (K071560) on February 8, 2008.

Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.
Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

HCPC Codes:
A9999 - Miscellaneous DME supply or accessory, not otherwise specified
E1399 - Durable medical equipment, miscellaneous

Original Effective Date: 8/1/2013
Re-Review Date(s): 8/18/2016