MN.003.A Zzoma

Health Partners Plans

Title: Zzoma
Policy #: MN.003.A
Type: Medical
Sub-Type: MN (Medical Necessity)

Original Implementation Date: 6/10/2016
Version Date [A]: 6/10/2016
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PRODUCT VARIATIONS

This policy applies to all HealthPartners Plans (HPP) lines of business.

POLICY STATEMENT

The Zzoma positional device is considered medically necessary for the treatment of positional OSA when all the following criteria are met:

- The member has a diagnosis of mild to moderate obstructive sleep apnea.
- The member is at least 16 years of age.
- The member's sleep study confirms: positional OSA and an AHI is greater than 5.
- The member's clinical evaluation is a face-to-face evaluation by the treating physician.
- The treating physician wrote a prescription for the Zzoma device.

RELATED POLICIES

N/A

POLICY GUIDELINES

Zzoma requires prior authorization.

Zzoma is a covered service under the DME (Durable Medical Equipment) benefit according to the individual's eligibility and HPP benefit plan.

Zzoma may be eligible for reimbursement consideration when prescribe by a physician, considered a medically necessary treatment and provided by a participating HPP provider.

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In all cases, the appropriate documentation must be kept on file and, upon request, presented to Health Partners Plans.

CODING

NOTE: The Current Procedural Terminology (CPT®) codes and Healthcare Common Procedure Coding System (HCPCS) codes listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

Code	Description
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED

CPT® is a registered trademark of the American Medical Association.

BENEFIT APPLICATION

Medical policies do not constitute a description of benefits. This medical necessity policy assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage. This policy is invoked only when the requested service is an eligible benefit as defined in the Member's applicable benefit contract on the date the service was rendered. Services determined by the Plan to be investigational or experimental are excluded from coverage for all lines of business. For Medicaid members under 21 years old, benefits and coverage are always based on medical necessity review.

DESCRIPTION OF SERVICES

The Zzoma Positional Device is a Class II FDA-Cleared Prescription Only Medical Device intended for the treatment of mild to moderate positional obstructive sleep apnea (OSA).

Positional Obstructive Sleep Apnea (OSA) is a condition in which a person stops breathing for short periods of time while asleep in a supine or "on-the-back" position due to the narrowing or collapsing of the upper airway during sleep.

Zzoma positional sleeper is designed to prevent individuals from rolling onto their backs during sleep. This prevents the soft tissues of the throat from sagging down into the airway and disrupting air flow, causing snoring, breathing

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difficulty, and awakenings that disturb normal sleep patterns.

The device is a large foam block covered with a washable outer fabric that is placed on the body with a Velcro strap. Its outer surface is uneven with a large prominence that, when centered over the back, makes it uncomfortable to stay in that position. You will rock back and forth and the pressure may encourage you to turn onto your sides while you are asleep.

CLINICAL EVIDENCE

N/A

DEFINITIONS

For purposes of this policy, apnea is defined as a cessation of airflow for at least 10 seconds. Hypopnea is defined as an abnormal respiratory event lasting at least 10 seconds with at least a 30 % reduction in thoraco-abdominal movement or airflow as compared to baseline, and with at least a 4 % oxygen desaturation.

The apnea-hypopnea index (AHI) is equal to the average number of episodes of apnea and hypopnea per hour of sleep without the use of a positive airway pressure device.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Effective Date
New Policy.	A	6/10/2016

REFERENCES

N/A