HERC Coverage Guidance – Treatment of Sleep Apnea in Adults
Disposition of Public Comments – Round 2

General Comments

Stakeholder	#	Comment	Disposition
CCO Medical Director *Oregon*	1	The proposed Draft Guidance on this matter by HERC is good, as far as it goes. However, some additional specification seems appropriate: While the Guidance specifies the PSG criteria for coverage for a possible 12 week C-pap trial, it does not specify the nature or degree of "clinical benefit" necessary to cover ongoing C-pap use. I propose the following: 1) specify that the post-trial evaluation should include a repeat PSG while on C-pap. As the original criteria for the trial involves this study and it's results, this seems consistent. Otherwise, the "clinical benefit" could be construed to simply be an enrollee's subjective statement of "I feel better". 2) the compliance criteria appear appropriate, but the potential second PSG would help document tolerance of C-pap. 3) the potential second PSG should have specific AHI and RDI criteria for improvement, either specific numbers or % change/improvement. Again this would be consistent with the initial diagnostic criteria.	The WA HTA report does not provide evidence about the clinical significance of changes in AHI. A clinically significant change in ESS is considered to be 1 point (total maximum score = 24). Repeat PSG testing was not addressed in the evidence source. HTAS does not believe this level of implementation detail is needed in the guidance document, and received public testimony contradicting the need for a repeat sleep study.