



ORAL APPLIANCES FOR OBSTRUCTIVE SLEEP APNEA

Corporate Medical Policy

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Document Precedence

BCBSVT Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with all terms, conditions and limitations of the subscriber contract. Benefit determinations are based in all cases on the applicable contract language. To the extent that there may be any conflict between Medical Policy and contract language, the contract language takes precedence.

Medical Policy

Description

Oral Appliances, sometimes called dental appliances, are intended to treat Obstructive Sleep Apnea (OSA) and Upper Airway Resistance Syndrome by keeping the airway open in one of three ways; by pushing the lower jaw forward with a mandibular advancement device (MAD), by preventing the tongue from falling back over the airway with a tongue-retaining device (TRD), or, by combining both mechanisms. Oral appliances are typically more effective for people with mild OSA and for non-obese people but can, for some, be effective for moderate and severe OSA. The most common type of oral appliance, a MAD, is often adjustable so that the dentist can move the jaw further or reduce the advancement as necessary. The goal is to find the most comfortable and effective position for the patient. Some examples of these appliances are Tongue Retaining Devices, Non-Adjustable Mandibular Repositioning Devices, Adjustable Mandibular Repositioning Appliances, Combined Mandibular Respositioners and CPAP Attachment.

Palatal implants are intended to stiffen and change the airflow characteristics of the soft palate tissue. The change is intended to reduce the severity of snoring and the incidence of airway obstructions for individuals with mild to moderate obstructive sleep apnea (OSA). The devices are cylindrical shaped segments of braided polyester filaments. A delivery tool comprised of a handle and needle assembly allows for positioning and placement of three implants submucosally in the soft palate. The procedure is performed under local anesthetic in an outpatient setting.

Policy

Custom-fit oral appliances for OSA are considered **medically necessary** when the member meets **all** of the following:

1. The member has had a documented face-to-face clinical evaluation by the treating physician (MD or DO) to assess the member for obstructive sleep apnea testing, prior to ordering a sleep study (PSG),
2. The member has had a covered sleep test ordered by a physician and conducted by a qualified provider of sleep tests,
3. The member has a **confirmed** diagnosis of OSA,
 - The OSA must be mild to moderate (polysomnographic documentation of apneic episodes (AHI or RDI) occurring five or more times per hour during sleep but less than 40 and it is determined that the episodes are not of central nervous system origin),

AND

- The oral appliances may be considered as an alternate to CPAP, OR
- The member declines CPAP therapy, OR
- The member is not a candidate for CPAP, OR
- The member is not a candidate for surgical treatment, AND
- The member has adequate dentition, particularly anterior teeth, to anchor the appliance, AND
- The member has protrusive jaw movement from a position of maximum intercuspation (the interlocking or fitting together of the cusps of opposing teeth) of at least 7 mm, AND
- The member has an unobstructed nasal airway, AND
- The member has **ABSENCE** of **ALL** of the following:
 1. Temporomandibular joint dysfunction
 2. Periodontal disease
 3. Severe sleep apnea (RDI>40)

Oral appliances considered **not medically necessary** for obstructive sleep apnea (OSA)

- Oral appliances that are available over the counter.
- Oral appliances that are prefabricated.
- Oral appliances used as a treatment for snoring without a diagnosis of OSA.
- Oral appliances used to treat dental conditions.
- Oral occlusal appliances used to treat temporomandibular joint (TMJ) disorders of the jaw or bruxism are considered dental-related.

Palatal implants for the treatment of obstructive sleep apnea or snoring are considered ***investigational***.

Administrative and Contractual Guidance

Benefit Determination Guidance

Benefits are subject to all terms, limitations and conditions of the subscriber contract.

Prior approval is required subject to all terms, limitations and conditions of the subscriber contract.

For New England Health Plan (NEHP) members an approved referral authorization is required.

The physician managing the OSA must refer the member to the oral appliance provider for all lines of business. Self referral is not acceptable.

Federal Employee Program (FEP) members may have different benefits that apply. For further information contact FEP customer service or refer to the FEP Service Benefit Plan Brochure.

Evaluation, measurement and impressions for, and instruction on the use of these devices may be performed by a qualified dentist or physician. Evaluation, measurement and impressions, instruction on use, and post fabrication adjustments are considered part of the global fee for the appliance and are not reimbursed as separate services.

Replacement appliances are covered at three-year intervals and repairs are covered as necessary according to the "Medical Equipment and Supplies" policy.

Dental rehabilitation services (dentures, bridgework, dental implants, etc.) as treatment for (or part of treatment for) OSA are not available benefits under standard BCBSVT plans. Members should review their dental benefits plan, if any. (Please refer to BCBSVT medical policy on Dental Services)

Eligible Providers

Medical Doctor (MD)
Doctor of Osteopathy (DO)
Dentist or Oral Surgeon (DDS or DMD)

Related Policies

Sleep Disorders Diagnosis and Treatment
Durable Medical Equipment
Dental Services
Temporomandibular Joint Disorder (TMJ)

Policy Implementation/Update information

New Policy 8/2011 Reviewed and approved coding per Medical/Clinical Coder SAF

Scientific Background and Reference Resources

1. Highmark Medicare Services, LCD # S-129 Treatment of Obstructive Sleep Apnea, retired 10/14/02
2. Highmark Medicare Services, LCD Article # S-129B- Treatment of Obstructive Sleep Apnea, retired 10/1/05. <http://www.highmarkmedicare.com/policy/partb/s1/s129b.html>
3. Regence Medical Policy # 08 Positive Airway Pressure Systems and Oral Appliances for Treatment of Sleep Disordered Breathing, effective 1/1/08.
4. The Mandibular Repositioning Device: role in the treatment of obstructive sleep apnea – MENN S.J., Morgan TD et al. Sleep 1996, 19(10).

5. Comparison of Two Dental devices for treatment of OSA Syndrome: Mark G Hans, DDS,MSD, Suchitra Nelson, PhD, Virginia G. Luks, DDS et al. Am. Journal of Orthodontics and Dentofacial Orthopedics. Vol 111, No. 5, 1997.
6. Oral Appliance Practitioners: Ferguson, KA, Cartwright R., Rogers RR et al. Oral appliances for snoring and obstructive sleep apnea: a review. Sleep **2006;29**,244-262[ISI][Medline]
8. Aetna Clinical Policy Bulletin # 004: Obstructive Sleep Apnea in Adults, effective 7/8/08.
9. Ferguson, Kathleen, Takahasi, Ono, Keenan, Sean A Randomized Crossover Study of an Oral Appliance vs. Nasal-Continuous Positive Airway Pressure in the Treatment of Obstructive Sleep Apnea. Chest 1996; 109:1269-1275. <http://www.chestjournal.org/cgi/content/abstract/109/5/1269>
10. Dental Organization for Sleep Apnea: Oral Appliances, accessed 7/30/08. <http://www.apneadocs.com/pages/Appliances.htm>
11. ECRI: Oral Appliances in the Treatment of Obstructive Sleep Apnea (OSA) and Upper Airway Resistance Syndrome (UARS), Archived Report, Archived 4/26/07. http://www.ta.ecri.org/Hotline/Prod/contact/redirect.aspx?doc_id=7101
12. NHIC Corp., LCD #1152B PAP, revised 3/13/08. http://www.medicarenhic.com/dme/medical_review/mr_lcds/mr_lcd_current/L11528_031308.shtm
13. Oral appliance Practitioners, Ferguson K.A. Cartwright R Rogers R.R., Schmidt-Nowara W. Oral appliances for Snoring and Obstructive Sleep Apnea: A Review. Sleep Vol.29, No 2, 2006, p.258.
14. Clete A Kushida MD, PhD, Timothy L Morgenthaler MD, et al. practice Parameters for the Treatment of snoring and Obstructive Sleep apnea with Oral appliances: An Update for 2005, SLEEP 2006;29(2);240-243.
15. NHIC Corp. Draft LCD: Oral Appliances for Obstructive Sleep Apnea, LCD#- to be determined, September 2008. <http://www.aasmnet.org/Resources/PDF/OAOSADraft.pdf>
16. American academy of Sleep Medicine: Medicare Coverage for Oral Appliances for Patients with Obstructive Sleep Apnea, 9/23/08. <http://www.aasmnet.org/Articles.aspx?id=1066>

Approved by BCBSVT Medical Directors

Date Approved

Antonietta Sculimbrene MD
Chair, Medical Policy Committee

Robert Wheeler MD
Chief Medical Officer

Attachment I

Codes covered	CODE	DESCRIPTION
HCPCS	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
The following codes are not covered, and provider liability, if billed with E0486 as they are considered to be services inclusive to E0486		
CPT	21076	Impression and custom preparation; surgical obturator prosthesis
	70350	Cephalogram, orthodontic
	70355	Orthopantogram