ORAL APPLIANCES FOR OBSTRUCTIVE SLEEP APNEA
Corporate 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),
   - 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 intercuspsation (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

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]


Approved by BCBSVT Medical Directors         Date Approved

Antonietta Sculimbrene MD
Chair, Medical Policy Committee

Robert Wheeler MD
Chief Medical Officer
### Attachment I

<table>
<thead>
<tr>
<th>Codes covered</th>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tr>
<td>HCPCS</td>
<td>E0486</td>
<td>Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment</td>
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The following codes are not covered, and provider liability, if billed with E0486 as they are considered to be services inclusive to E0486

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<td>Impression and custom preparation; surgical obturator prosthesis</td>
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<td>70350</td>
<td>Cephalogram, orthodontic</td>
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<tr>
<td>70355</td>
<td>Orthopantogram</td>
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