



Oral Appliance for Treatment of Obstructive Sleep Apnea

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P&P # C.11.06

Policy

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

I. Initial Purchase of Oral Appliances for Adults with OSA

A. Documentation Required

1. Documentation of a qualifying diagnostic polysomnogram within the past 2 years;
2. Order for an oral appliance from a board-certified Sleep Medicine Physician or Advanced Practice Professional working in collaboration with a board certified Sleep Medicine Physician or a specialist in otolaryngology/ENT working in conjunction with Sleep Medicine;
3. The oral appliance is provided by a dentist with experience in provision of oral appliances for sleep apnea;
4. Documentation of CPAP trial > 30 days and failure to tolerate CPAP therapy despite reasonable attempts to resolve intolerance over at least 30 days (e.g., multiple mask trials);
5. Documentation of attempted interventions by Sleep Medicine Team to improve patient's tolerability of CPAP therapy and result of intervention.

B. Criteria for Medical Necessity

1. Purchase of custom-fitted and prefabricated oral appliances, are medically necessary for treatment of OSA in patients 18 years of age and older, if **BOTH** of the following criteria are met:
 - a. Mild or moderate OSA (AHI below 30) when the medical necessity criteria for the trial rental of CPAP is met; **AND**
 - b. Documented intolerance to CPAP despite reasonable attempts to resolve intolerance over at least 30 days (e.g., education, behavioral and troubleshooting interventions such as multiple mask trials over at least 30 days including at least one mask with a nasal interface).

C. Indications Considered not Medically Necessary

1. Oral appliances for OSA that are available over-the-counter without a prescription are not considered medically necessary.

2. Dental rehabilitation services (dentures, bridgework, etc.) are not available benefits under standard health insurance plans.

II. Initial Purchase of Oral Appliances for Children < 18 years

A. Documentation Required:

1. Documentation of a standard diagnostic polysomnogram within the past 2 years.
2. Order for an oral appliance from a board-certified Sleep Medicine Physician or Advanced Practice Professional working in collaboration with a board-certified Sleep Medicine Physician or a specialist in otolaryngology/ENT working in conjunction with Sleep Medicine.
3. The oral appliance is provided by a qualified dentist, (e.g., additional training or experience in provision of oral appliances for sleep apnea).
4. Documentation of CPAP trial and failure to tolerate CPAP therapy.

B. Criteria for Medical Necessity:

1. Children with craniofacial anomalies and symptoms of Obstructive Sleep Apnea Syndrome (OSAS); **OR**
2. Documented intolerance to CPAP.

C. Indications Considered Experimental, Investigational or not Medically Necessary for Oral Appliances in children < 18 years:

1. Oral appliances for OSAS that are available over-the-counter without a prescription are considered not medically necessary.
2. Treatment of OSAS with an oral appliance, in otherwise healthy young children, is considered investigational.

III. Replacement of Oral Appliances

A. Documentation required

1. Appropriate provider documentation of the effectiveness of the oral appliance.

B. Criteria for Medical Necessity

1. Replacement of an oral appliance is medically necessary, for treatment of mild or moderate OSA, if the item is rendered nonfunctioning due to **one** of the following:
 - a. the condition of the item has reasonable wear and tear which renders the item nonfunctioning; **OR**
 - b. a change in the patient's condition or growth that leads to poor device fit and nonfunctioning.

C. Indications Considered not Medically Necessary

1. Replacement of an oral appliance due to misuse or abuse.

CPT/HCPSC Codes:

E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-hyphenadjustable, prefabricated, includes fitting and adjustment [covered only for obstructive sleep apnea in persons that meet criteria for CPAP but who are intolerant to positive airway pressure devices]
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E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-hyphenadjustable, custom fabricated, includes fitting and adjustment
S8262	Mandibular orthopedic repositioning device, each

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