

Medical Affairs Policy & Procedure

Title/Service: Oral Appliance for the Treatment of Obstructive Sleep Apnea

Revised	
Reviewed	12/21/07, 02/15/08, 12/28/09, 07/27/10, 09/16/2011
Developed	12/21/07
Policy Committee Approval	09/16/2011

Description:

A device used to modify the individual's airway during sleep to decrease the symptoms associated with obstructive sleep apnea.

Indications of Coverage:

An oral appliance is considered medically necessary when **all** of the following criteria are met:

- A. A polysomnogram documents the presence of moderate obstructive sleep apnea
- B. Criteria for the use of a PAP device have been met, and a two-month trial of PAP (Positive Airway Pressure) device has failed. Failure of the PAP trial is defined as intolerance of the high pressures needed to maintain airway patency despite appropriate changes to masks and headgear. Intolerance of the device due to other conditions (for example, patient comfort) does not satisfy this criterion. The documentation must support that the individual has been compliant with recommendations for PAP device use, as evidenced by a download from the PAP device that documents a minimum of four hours of use per night for 70% of the nights of the trial.
- C. A custom-fitted or prefabricated oral appliance is prescribed after an evaluation by a pulmonologist or sleep medicine physician

Limitations of Coverage:

- A. Review contract and endorsements for exclusions and prior authorization or benefit requirements. (**Note: for medical diagnoses, the oral appliance would not process under the dental benefit.**)
- B. If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.
- C. If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

- D. An oral appliance for the treatment of snoring without documentation of obstructive sleep apnea is not a covered benefit as snoring is not considered to be an illness or injury.
- E. An oral appliance is considered not medically necessary in any of the following situations:
1. When there is no polysomnogram documenting the presence of obstructive sleep apnea
 2. In the absence of the failure of a two-month trial of CPAP
 3. When the device is obtained over-the-counter without a prescription

Documentation Required:

- Office notes
- Sleep study report
- Prescription (or letter from the provider describing the necessity of the device)

Rationale:

A variety of oral appliances are available for repositioning the jaw and/or tongue during sleep to minimize the effects of obstructive sleep apnea (OSA). There is insufficient evidence that oral appliances are effective for any condition other than OSA. Based on a recommendation from the American Academy of Sleep Medicine (AASM) that CPAP is indicated before an oral appliance is considered, documentation of the failure of a trial of CPAP is required prior to consideration for an oral appliance. Since over-the-counter appliances have not been shown to be equally effective as custom-fitted or prefabricated appliances, they are not the most appropriate device for treatment.

References:

1. Kushida CA, Morgenthaler TI, Littner MR, Alessi CA, Bailey D, Coleman J, Friedman L, Hirshkowitz M, Kapen S, Kramer M, Lee-Chiong T, Owens J, Pancer JP. Practice Parameters for the Treatment of Snoring and Obstructive Sleep Apnea with Oral Appliances: An Update for 2005. An American Academy of Sleep Medicine Report. 2006. Available at: www.aasmnet.org/Resources/PracticeParameters/PP_Update_OralAppliance.pdf. Accessed: 25 Aug 11.

Approved by the Medical Director