



Dental Appliances for Sleep Apnea

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Purpose:

To provide the Population Health and Provider Alliances associates with guidelines when making benefit determinations for dental appliances used in the treatment of sleep apnea.

Definition

- There are a variety of oral appliances and prostheses, including tongue retainers and mandibular advancing devices that can be used to treat Obstructive Sleep Apnea (OSA). These devices work by modifying the airway by changing the posture of the mandible and tongue. They have, however, been shown to be less reliable and effective than CPAP, and therefore recommendations for their use should generally be reserved for Members who are intolerant of CPAP.

Coverage Guidelines

- Custom-fitted oral appliances to reduce upper airway collapsibility are covered for Members with OSA who meet the medical necessity criteria for CPAP or AutoPAP:
 1. Apnea/hypopnea index (AHI) ≥ 15 , as documented by polysomnography (PSG) or home/portable sleep study within the past three (3) years; AND
 2. Unable to tolerate CPAP, BiPAP, or Auto CPAP treatment.
- Requests for oral appliances (HCPCS codes including E0485, E0486, S8262) should be submitted through the Clinical Coordination (prior auth) Department.

Exclusion

- Oral appliances for OSA that are available over-the-counter without a prescription are not covered.



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References:

1. Kushida CA, Morgenthaler TI, Littner MR, et al.; American Academy of Sleep Medicine. Practice parameters for the treatment of snoring and obstructive sleep apnea with oral appliances: An update for 2005. *Sleep*. 2006;29(2):240-243.
2. Ferguson K. Oral appliance therapy for obstructive sleep apnea: Finally evidence you can sink your teeth into. *Am J Respir Crit Care Med*. 2001;163(6):1294-1295.
3. Gotsopoulos H, Chen C, Qian J, Cistulli PA. Oral appliance therapy improves symptoms in obstructive sleep apnea: A randomized, controlled trial. *Am J Respir Crit Care Med*. 2002;166(5):743-748.
4. Vanderveken OM, Devolder A, Marklund M, et al. Comparison of a custom-made and a thermoplastic oral appliance for the treatment of mild sleep apnea. *Am J Respir Crit Care Med*. 2008;178(2):197-202.

Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.