Oral Pressure Therapy for Treatment of Obstructive Sleep Apnea

Origination: 10/18/13	**Revised:** 7/24/20	**Annual Review:** 11/05/20

Purpose:

To provide oral pressure therapy for treatment of obstructive sleep apnea guidelines for Population Health and Provider Alliances associates to reference when making benefit determinations.

Definitions

- These intraoral devices are electrically powered and operate by reducing the pressure in the oral cavity (by way of tubing and a noninvasive oral interface) to create a continuous positive pressure gradient from the airway to the oral cavity that urges the soft palate and tongue forward. They are intended to be used while the Member is sleeping to treat obstructive sleep apnea.

- These devices, including, but not limited to, Winx Sleep Therapy System and Attune Sleep Apnea System.

Exclusion Criterion

- Winx Sleep Therapy System and Attune Sleep Apnea System are considered to be experimental/investigational and not a covered benefit.

References:

1. Sleep Medicine. 14(9):830-7, 2013 Sep. A multicenter evaluation of oral pressure therapy for the treatment of obstructive sleep apnea.

2. Nature & Science of Sleep. 5:53-9, 2013. Oral pressure therapy for treatment of obstructive sleep apnea: clinical feasibility.

3. Journal of Sleep Research. Conference: 21st Congress of the European Sleep Research Society Paris France. Date of Publication: September 2012. Examining the mechanism of action of a new device using oral pressure therapy for the treatment of obstructive sleep apnea.

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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.