

Oral Appliances for the Treatment of Obstructive Sleep Apnea (SL-9)

SL.TX.108.A

Treatment Codes for Oral Appliances

<u>Treatment Description</u>	<u>HCPCS</u>
<u>Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment</u>	<u>E0485</u>
<u>Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment</u>	<u>E0486</u>
<u>Non-covered item or service (Used for oral appliances that do not incorporate all of the criteria as set forth in the Policy Article; tongue-retaining or tongue-positioning devices; and devices that are used only to treat snoring without a diagnosis of obstructive sleep apnea)</u>	<u>A9270</u>
<u>Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment</u>	<u>K1027</u>

Custom-fit Oral Appliances (SL-9.1)

General Information (SL-9.1.1)

- **Continuous positive airway pressure is the gold standard for treatment of obstructive sleep apnea. Oral appliances are an alternative treatment option for individuals who are intolerant to PAP therapy or who prefer an alternative to CPAP. Subjective adherence and side effect profile are improved with oral appliances compared to CPAP. However, CPAP results in a greater reduction in respiratory events (AHI, RDI or REI) and greater improvement in oxygen saturation. Oral appliances significantly reduce apnea hypopnea index regardless of severity of obstructive sleep apnea, although individuals with moderate to severe OSA are more likely to achieve their target AHI with CPAP compared to the oral appliance. Both oral appliances and CPAP improve excessive daytime sleepiness, quality of life, and cognitive performance.**
- **The AASM task force indicates that use of oral appliances in individuals with severe obstructive sleep apnea should be reserved for clinical scenarios where CPAP is not tolerated or does not provide benefit.**
- **The most common oral appliance utilized for the treatment of obstructive sleep apnea is the mandibular advancement device. There was insufficient evidence for the AASM task force to assess the efficacy of tongue retaining devices, which are also less well tolerated. Custom-made mandibular advancement devices appliances are more effective for symptom improvement, compliance and tolerance compared to ready-made appliances.**

Custom-fit Oral Appliances - Indications (SL-9.1.2)

Custom fit oral appliances are indicated when all of the following criteria are met:

- **A positive diagnosis of obstructive sleep apnea on a covered sleep study as demonstrated by one of the following:**
 - **AHI, RDI, or REI ≥ 5 <15 events per hour over the duration of the sleep test and documentation of:**
 - ☐ **Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia, or**
 - ☐ **Hypertension, ischemic heart disease, or history of stroke; OR**
 - **AHI, RDI, or REI ≥ 15 per hour over the duration of the sleep test**
- **Documentation of:**
 - **Intolerance or lack of benefit after a minimum of a one-month trial of PAP, or**
 - **PAP is contraindicated for the individual as documented by the treating physician, or**
 - **Individual prefers alternative treatment to CPAP (after a discussion of treatment options with the treating physician) AND AHI, RDI, or REI is <30 .**

- The device is ordered by the treating physician following a face to face visit and review of sleep study results
- A qualified licensed dentist (DDS and DMD) provides a custom device and follow- up to assess for dental-related side effects.

Note Oral devices to prevent temporomandibular joint (TMJ) disorders are considered experimental, investigational, or unproven (EIU).

Replacement Custom Fit Oral Appliances (SL-9.1.3)

Custom fit oral appliances can be replaced when all of the following criteria are met:

- Device is being used consistently with continued resolution of symptoms
- The device is ordered by the treating physician following a face to face visit
- A qualified licensed dentist (DDS and DMD) provides a custom device and follow- up to assess for dental-related side effects.
- One of the following applies
 - Device has been lost or irreparably damaged due to a specific accident, natural disaster or breakdown of device from regular use
 - Device is greater than 5 years old

Pediatric Oral Appliances (SL-9.2)

- Oral appliances may be considered medically necessary in the treatment of children with craniofacial anomalies with signs and symptoms of OSA.
- Oral appliances are considered EIU for the treatment of OSA in children not meeting the above criteria