Subject: Obstructive Sleep Apnea (OSA): Surgical-Management*

Effective Date: January 22, 2008

Department(s): Utilization Management

Policy: The procedures treatment modalities listed in this policy are reimbursable in the management of OSA when criteria in the policy are met.

Objective: To ensure proper and consistent reimbursement and to delineate coverage of procedures for management of a specific medical problem.

Procedure: To be eligible for any of the procedures covered by this policy the individual must have OSA to a degree for which continuous positive airway pressure (CPAP) is reimbursable AND be unable to tolerate or comply with CPAP. (Please see the Policy on CPAP.)

A. The presence of obstructive sleep apnea (ICD-9 327.23) must be documented. Appropriate documentation of obstructive sleep apnea includes but is not limited to:

1. Clinical information: history (witnessed apneic episodes, daytime somnolence, cardiac problems related to insomnia); if obese, documentation of measures taken for weight loss
2. Physical examination: height, weight, otolaryngologic evaluation
3. Sleep study: actual report as well as summary (see Policy, Sleep Disordered Breathing Testing.)
B. CPAP will be considered medically necessary if there is documentation of obstructive sleep apnea (OSA) with any one of the following:

1. Respiratory Distress Index (Apnea-Hypopnea Index [AHI]) >15

2. AHI 5 – 14 with clinical history and examination suggestive of OSA and with either oxygen saturations <85% or cardiac arrhythmias documented during sleep study

3. AHI 5 – 14 with documented symptoms of excessive daytime sleepiness, impaired cognition, mood disorders or insomnia, or documented hypertension, ischemic heart disease, or history of stroke

4. Obstructive apneic episodes more frequent than 5 times per hour with >20 second pauses

5. Upper airway resistance syndrome with all of the following characteristics:
   a. Excessive daytime sleepiness documented by history
   b. AHI <5
   c. Greater than five snoring-related arousals from sleep per hour during Polysomnography

C. Other positive airway pressure modalities, such as bilevel positive airway pressure (BiPAP) or demand positive airway pressure (DPAP), will be authorized if deemed medically necessary by the attending physician, and if they meet the above criteria for CPAP.

D. Initially, a CPAP or BiPAP device will be rented for 3 months. For further use, an update from the attending physician is required, documenting efficacy and compliance. If efficacy and compliance are documented, and ongoing use is anticipated, the CPAP device will be approved for purchase. Purchase will also be approved for replacement of a non-functioning device previously in use with documented compliance.
E. For those members who cannot tolerate or comply with CPAP, BiPAP or DPAP, the following modalities of management of OSA are reimbursable:

The following procedures for the surgical management of OSA are reimbursable:

1. Uvulopalatopharyngoplasty (UPPP, CPT 42145)
2. Laser assisted uvulopalatopharyngoplasty (LAUP, HCPCS S2080) only in individuals who have other medical conditions that preclude UPPP and who have failed or cannot tolerate CPAP
3. Custom-fitted and prefabricated oral appliances to reduce upper airway collapsibility (E0485, E0486)
4. Tracheotomy (31600) when all other measures have failed to correct OSA
5. Jaw realignment surgery including but not limited to the following, when other measures have failed:
   i. Hyoid myotomy and suspension (21685)
   ii. Mandibular osteotomy with genioglossus advancement (21199)
6. In children, tonsillectomy and adenoidectomy (42820 – 42826; 42830-42836) are reimbursable as treatment for OSA.

F. The following are NOT reimbursable, as there is not a satisfactory body of peer-reviewed literature documenting their efficacy in the management of OSA and they are thus deemed experimental, investigational, and unproven:

1. Somnoplasty (41530)
2. Injection snoreplasty
3. Cautery-assisted palatal stiffening operation (CAPSO)
4. Pillar™ palatal implant system
5. Flexible positive airway pressure
6. Provent™ nasal device (expiratory positive airway pressure)
7. Cervical pillow positioning devices (Zzoma and Sona positioning devices)
8. Oral negative pressure therapy (Winx® device)

NOTE: This policy replaces the policy on Laser Assisted Uvulopalatoplasty and integrates criteria in the CPAP policy which it augments and replaces.
References

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CPAP Policy History:

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OSA Treatment Policy History:

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.