



MASSACHUSETTS

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Medical Policy

Management of Obstructive Sleep Apnea (OSA) using Oral Appliances

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Policy Number: 529

BCBSA Reference Number: NA

Related Policies

- **Medicare Advantage: High-Technology Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #923**
- Actigraphy, #533
- Bi-Level Positive Airway Pressure (BPAP) Devices, #527
- Home Cardiorespiratory Monitoring, #224
- Management of Obstructive Sleep Apnea (OSA) using Auto-Titrating Positive Airway Pressure (APAP) and Continuous Positive Airway Pressure (CPAP) Devices, #526
- Multiple Sleep Latency Testing - MSLT and Maintenance of Wakefulness Testing - MWT, #534
- Polysomnography and Home Sleep Testing, #525
- Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome, #130

Policy¹

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Indications for Custom Fabricated Oral Appliances (HCPCS E0486)

Treatment with OA may be considered **MEDICALLY NECESSARY** for patients with severe OSA (apnea/hypopnea index [AHI] greater than 30) meeting both of the following criteria (A-B) below:

- A. The appliance is a TRD or a MRA which complies with CMS criteria; **AND**
- B. One of the following (a-c) applies:
 - a. The patient is not a candidate for positive airway pressure therapy; **or**
 - b. Positive airway pressure therapy has not been effective despite a 45 day trial and participation in a positive airway pressure compliance program; **or**
 - c. The patient has tried continuous positive airway pressure (CPAP) but has not been compliant despite a 45 day trial and participation in a positive airway pressure compliance program.

Treatment with OA may be considered **MEDICALLY NECESSARY** for patients with mild or moderate OSA meeting all of the following criteria (A-C) below:

- A. At least one of the following:
 - a. AHI greater than or equal to 15 and less than or equal to 30; **or**
 - b. AHI 5–14 with any of the following: excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, treatment-resistant hypertension (persistent hypertension in a patient taking three or more antihypertensive medications), ischemic heart disease, history of stroke; **AND**
- B. At least one of the following:
 - 1. The patient is not a candidate for positive airway pressure therapy; **or**
 - 2. Positive airway pressure therapy has not been effective despite a 45 day trial and participation in a positive airway pressure compliance program; **or**
 - 3. The patient has tried CPAP but has not been compliant despite a 45 day trial and participation in a positive airway pressure compliance program; **or**
 - 4. The patient prefers to use an OA rather than PAP as the initial therapy; **AND**
- C. The appliance is a TRD or a MRA which complies with CMS criteria.*

*When MRAs are used in the management of OSA, they must comply with all of the following specifications as outlined by Centers for Medicare and Medicaid Services (CMS):

- Have a fixed mechanical hinge at the sides, front, or palate
- Have a mechanism that allows the mandible to be advanced in increments of one millimeter or less
- Be able to protrude the mandible beyond the front teeth at maximum protrusion
- Be adjustable by the beneficiary in increments of one millimeter or less
- Retain the adjustment setting when removed
- Maintain mouth position during sleep so as to prevent dislodging the device.

Prefabricated Oral Appliances (HCPCS E0485)

Prefabricated oral appliances are considered **NOT MEDICALLY NECESSARY** for obstructive sleep apnea in any clinical situation.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	The requirements of BCBSMA Sleep Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific:
Commercial PPO and EPO	<p>Please verify member eligibility and requirements through Online Services by logging onto Provider Central. Refer to our Quick Tip for an overview of precertification and prior authorization requirements.</p> <p>Ordering clinicians should request pre-certification from AIM Specialty Health or call 1-866-745-1783 (when applicable).</p> <p>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products.</p>

Indemnity	Prior authorization is not required.
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CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria **MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:**

HCPCS Codes

HCPCS codes:	Code Description
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment

The following ICD Diagnosis Codes are considered medically necessary when submitted with the HCPCS codes above if medical necessity criteria are met:

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
G47.33	Obstructive sleep apnea (adult) (pediatric)

The following HCPCS code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment

Description

This policy is applicable to use of oral appliances in the management of obstructive sleep apnea (OSA). The term oral appliance (OA) includes mandibular repositioning appliances (MRA) and tongue retaining devices (TRD). This document refers to both custom-made devices (CPT code E0486) and over-the-counter or prefabricated devices (CPT code E0485).

In addition to lifestyle changes, (weight loss, avoidance of alcohol and sedatives etc.) positive airway pressure (PAP) therapy is considered to be the first-line approach to the management of patients with all degrees of obstructive sleep apnea. For patients who have mild or moderate OSA, certain OAs may be used as an alternative to PAP therapy in patients who are intolerant of PAP therapy, those for whom PAP therapy is ineffective, and those who prefer to consider an OA rather than PAP as a first line therapy. It is highly recommended that the decision to use an OA in the management of OSA should follow consultation with a sleep medicine specialist. Custom made oral appliances require a prescription from a medical provider. Mandibular repositioning appliances (MRA) cover the upper and lower teeth and hold

the mandible in an advanced position with respect to the resting position. Tongue retaining devices (TRD) hold only the tongue in a forward position with respect to the resting position, without mandibular repositioning. Both appliances change the contour of the upper airway such that the likelihood of airway collapse during sleep is reduced.

Policy History

Date	Action
1/2018	Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products. 1/1/2018
11/2017	AIM Sleep Disorder Management Diagnostic & Treatment Guidelines review. Policy unchanged. 11/20/2017
5/2017	Prior Authorization Information clarified. 5/1/2017
2/2017	New references added. 2/2/2017 AIM Sleep Disorder Management Diagnostic & Treatment Guidelines. Effective 1/1/2016.
1/2017	Clarified coding information.
5/2016	Policy criteria updated based on AIM Specialty Health: Sleep Disorder Management Diagnostic & Treatment Guidelines. Management of Obstructive Sleep Apnea (OSA) using Oral Appliances. Clarified coding information. Effective 5/1/2016.
10/2013	Indications clarified. Effective October 2013.
7/2013	Indications for Medicare Advantage clarified. Effective 7/1/2013.
7/2013	Adopted AIM Program Guidelines on Sleep Disorder Management, January 2013 Version V1.3. Effective 7/1/2013.
2/2013	BCBSA National medical policy review. Changes to policy statements. Effective 2/4/2013.
1/2013	Updated to add new CPT code 95782 and 95783.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
12/2011	BCBSA National medical policy review. Changes to policy statements.
4/2011	Reviewed - Medical Policy Group - Cardiology and Pulmonology. No changes to policy statements.
3/2011	Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements.
7/2010	BCBSA National medical policy review. Changes to policy statements.
9/1/2010	BCBSA National medical policy review. Changes to policy statements.
6/2010	BCBSA National medical policy review. Changes to policy statements.
5/2010	BCBSA National medical policy review. Changes to policy statements.
3/2010	Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements.
5/2009	Updated prior authorization information.
3/2009	Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements.
3/2008	BCBSA National medical policy review. Changes to policy statements.
5/2007	Updated coverage and non coverage guidelines for oral appliances for sleep apnea.
3/2007	Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements.
2/2007	BCBSA National medical policy review.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

Specialty Society Guidelines and Systematic Reviews

1. Balk EM, Moorthy D, Obadan NO, et al. Diagnosis and Treatment of Obstructive Sleep Apnea in Adults. Comparative Effectiveness Review No. 32. Prepared by Tufts Evidence-based Practice Center under Contract No. 290-2007-10055-1. AHRQ Publication No. 11-EHC052-EF. Rockville, MD: Agency for Healthcare Research and Quality; July 2011.
2. Epstein LJ, Kristo D, Strollo PJ, et al. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. *J Clin Sleep Med*. 2009;5(3):263-276.
3. Gay P, Weaver T, Loube D, et al; American Academy of Sleep Medicine. Evaluation of positive airway pressure treatment for sleep-related breathing disorders in adults. *Sleep*. 2006;29(3):381-401.
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Other Literature

1. Doff MH, Hoekema A, Wijkstra PJ, et al. Oral appliance versus continuous positive airway pressure in obstructive sleep apnea syndrome: a 2-year follow-up. *Sleep*. 2013;36(9):1289-1296.
2. Ferguson KA, Cartwright R, Rogers R, Schmidt-Nowara W. Oral appliances for snoring and obstructive sleep apnea: a review. *Sleep*. 2006;29(2):244-262.
3. Kastoer C, Dieltjens M, Oorts E, et al. The use of remotely controlled mandibular positioner as a predictive screening tool for mandibular advancement device therapy in patients with obstructive sleep apnea through single-night progressive titration of the mandible: a systematic review. *J Clin Sleep Med*. 2016;12(10):1411–1421.
4. Krishnan V, Collop NA, Scherr SC. An evaluation of a titration strategy for prescription of oral appliances for sleep apnea. *Chest*. 2008;133(5):1135-1141.
5. Lam B, Sam K, Mok WY, et al. Randomised study of three non-surgical treatments in mild to moderate obstructive sleep apnoea. *Thorax*. 2007;62(4):354-359.
6. Li W, Xiao L, Hu J. The comparison of CPAP and oral appliances in treatment of patients with OSA: a systematic review and meta-analysis. *Respir Care*. 2013;58(7):1184-1195.
7. *Local Coverage Article: Oral Appliances for Obstructive Sleep Apnea - Policy Article - Effective October 2015 (A52512)*. CGS Administrators, LLC; Noridian Healthcare Solutions, LLC. All 50 U.S. states and the District of Columbia, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands. Available at <http://www.cms.gov/medicare-coverage-database/>. Accessibility verified September 27, 2017.
8. Remmers J, Charkhandeh S, Grosse J, et al. Remotely Controlled Mandibular Protrusion during Sleep Predicts Therapeutic Success with Oral Appliances in Patients with Obstructive Sleep Apnea. *Sleep*. 2013;36(10):1517-1525.
9. Sutherland K, Ngiam J, Cistulli PA. Performance of remotely controlled mandibular protrusion sleep studies for prediction of oral appliance treatment response. *J Clin Sleep Med*. 2017;13(3):411–417.
10. Vanderveken OM, Devolder A, Marklund M, et al. Comparison of a custom-made appliance and a thermoplastic oral appliance for the treatment of mild sleep apnea. *Am J Respir Crit Care Med*. 2008;178(2):197-202

11. Verbruggen AE, Dieltjens M, Wouters K, et al. Prevalence of residual excessive sleepiness during effective oral appliance therapy for sleep-disordered breathing. *Sleep Med.* 2013 Dec 30. [Epub ahead of print]

Endnotes

¹ Based on AIM Specialty Health: Sleep Disorder Management Diagnostic & Treatment Guidelines Program.