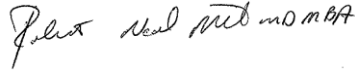


Origination Date: 7/02	Revision Date(s): 4/03, 6/04, 6/05, 6/06, 6/07, 7/08, 3/09, 12/09, 3/11, 5/11, 04/12
Developed By: Medical Criteria Committee	



Approved:

Neal Mills MD, MBA

Date:

4/25/2012

Description:

Airway obstruction during sleep is a commonly recognized problem. Obstructive sleep apnea (OSA) is the most common breathing related sleep disorder. OSA is characterized by repetitive episodes of airway obstruction due to the collapse and obstruction of the upper airway during sleep. In patients with OSA, the normal pharyngeal narrowing is accentuated by anatomic factors, such as a short neck, elongated palate and uvula, large tonsils and redundant lateral pharyngeal wall mucosa. The hallmark symptom of OSA is excessive snoring. The snoring abruptly ceases during the apneic episodes and during a brief awakening period and then resumes when the patient falls asleep again.

Diagnosis:

OSA signs and symptoms:

- Significant snoring
- Observed apnea or choking
- Excessive daytime sleepiness

The diagnosis and treatment of OSA is covered by ODS to plan limitations as medically necessary according to the criteria outlined below:

Please refer to ODS Clinical Care Guidelines regarding medical necessity criteria for sleep study and CPAP therapy.

Criteria:

Non-Surgical Treatment:

1. ODS will cover CPAP and BiPAP therapy for members who meet the criteria included in the ODS Clinical Care Guidelines.
2. ODS will cover custom-fitted and prefabricated oral appliances, including but not limited to tongue-retaining devices or Mandibular advancement devices (TAP or HPAP), for OSA members who meet the following criteria. Oral appliances for OSA that are available over-the-counter without a prescription are not covered.
 - a. Obstructive sleep apnea diagnosed with a sleep study reviewed by a sleep medicine specialist, and
 - i. Member is intolerant, refuses or has failed CPAP therapy
 - b. Apnea Hypopnea Index (AHI) greater than 15, or
 - c. Mild to moderate sleep apnea with an Apnea Hypopnea Index (AHI) greater than 5 and less than 15 with at least ONE of the following:
 - i. Excessive daytime sleepiness with an Epworth Sleepiness Scale score ≥ 10
 - ii. Insomnia
 - iii. Impaired cognition
 - iv. Documented hypertension

Origination Date: 7/02	Revision Date(s): 4/03, 6/04, 6/05, 6/06, 6/07, 7/08, 3/09, 12/09, 3/11, 5/11, 04/12
Developed By: Medical Criteria Committee	

- v. Ischemic heart disease
 - vi. History of stroke
 - d. Members with severe sleep apnea with an AHI of greater than 30 that have failed CPAP or BiPAP with documentation of a three month trial or as an adjunct to CPAP or BiPAP therapy.
3. The following treatments are considered medically necessary in children with habitual snoring and an apnea index of greater than one on a nocturnal polysomnography:
 - a. Adenotonsillectomy
 - b. CPAP in children for OAS when any of the following criteria is met:
 - i. Adenotonsillectomy is contraindicated
 - ii. Adenotonsillectomy is delayed.
 - iii. Adenotonsillectomy is unsuccessful in relieving symptoms of OSA.
 4. DPAP or VPAP will be reviewed on a case-by-case basis by the ODS Medical Director for member's with OSA who have failed or are intolerant to CPAP or BiPAP therapy. These alternatives to CPAP may also be indicated for members with OSA and a concomitant breathing disorder such as restrictive thoracic disorder, COPD, or nocturnal hypoventilation.
 5. ODS will cover AutoPAP for members who meet criteria for CPAP.

Not Covered:

The following procedures are not covered by ODS:

1. The Repose System, a minimally invasive technique involving tongue base suspension, is considered investigational.
2. Injection snoreplasty: injection of a sclerosing agent into the soft palate is considered investigational.
3. Cardiac atrial pacing for the treatment of sleep apnea is considered investigational.
4. Flexible Positive Airway Pressure (C-Flex, Respironics)
5. Dental procedures (dentures, bridgework, etc) as treatment for OSA are not covered benefits under ODS medical plans.

Information to be Submitted with Pre-Authorization Request:

1. Sleep study interpretation
2. CPAP trial results
3. Medical records from treating physician documenting the requirements

Applicable CPT/HCPC:

Note: list may not be all inclusive

E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface.
E0471	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface.
E0472	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive.
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment
S8262	Mandibular orthopedic repositioning device,

Origination Date: 7/02	Revision Date(s): 4/03, 6/04, 6/05, 6/06, 6/07, 7/08, 3/09, 12/09, 3/11, 5/11, 04/12
Developed By: Medical Criteria Committee	

S8262	Mandibular orthopedic repositioning device, each
-------	--

References:

- American Academy of Otolaryngology (AAO) Website. Accessed May 27, 2004.on February 25, 2011 at: www.entnet.org
- Canadian Agency for Drugs and Technologies in Health (CADTH). Portable monitoring devices for diagnosis of obstructive sleep apnea at home: Review of accuracy, cost-effectiveness, guidelines, and coverage in Canada. Ottawa, ON: CADTH; December 2009. Accessed on February 25, 2011 at: <http://www.cadth.ca/index.php/en/hta/reports-publications/search/publication/950>
- Kushida, C., Morgenthaler, T., Littner, M., Alessi, C., Bailey, D., et.al. (2006). Practice Parameters for the Treatment of Snoring and Obstructive Sleep Apnea with Oral Appliances: An Update for 2005. *Sleep*, 29(2),240-242. Accessed on April 16, 2012 at: http://www.aadsm.org/Resources/PracticeParameters/PP_Update_OralAppliance.pdf
- Epworth Sleepiness Scale. University of Maryland medical Center. (2011). Accessed on February 25, 2011.
- Friedman M, Ibrahim H, Joseph NJ. Staging of obstructive sleep apnea/hypopnea syndrome: a guide to appropriate treatment. *Laryngoscope*. 2004 March; 114(3):454-9.
- Guilleminault C, Abad VC. Obstructive sleep apnea syndromes. *Medical Clinics of North America*. 2004; 88(3).
- Haniffa M, Lasserson TJ, Smith I. Interventions to improve compliance with continuous positive airway pressure for obstructive sleep apnoea. *Cochrane Database Syst Rev*. 2004;(4):CD003531.
- Hensley N, Ray C. Sleep apnoea. In: *BMJ Clinical Evidence*. London, UK: BMJ Publishing Group; May 2008.
- McDaid C, Griffin S, Weatherly H, et al. Continuous positive airway pressure devices for the treatment of obstructive sleep apnoea-hypopnoea syndrome: A systematic review and economic analysis. *Health Technol Assess*. 2009;13(4): 1-142.
- Medicare Guidelines for Treatment of Obstructive Sleep Apnea. Medicare Part B Policy 2002.13.
- Ramachandran SK, Josephs LA. A meta-analysis of clinical screening tests for obstructive sleep apnea. *Anesthesiology*. 2009;110(4):928-939.
- Simantirakis E, Schiza S, Chrysostomakis S, et al. Atrial overdrive pacing for the treatment of obstructive sleep apnea-hypopnea syndrome. *N Engl J Med*. December 15, 2005; 353(24):2568-77.
- Sleep Studies. Medline Plus. Updated January 25, 2011. Accessed on February 25, 2011 at: <http://www.nlm.nih.gov/medlineplus/ency/imagepages/8899.htm>
- Tice JA. Portable devices for home testing for obstructive sleep apnea. *Technology Assessment*. San Francisco, CA: California Technology Assessment Forum (CTAF); June 15, 2005.. Accessed on February 25, 2011 at: <http://ctaf.org/ass/viewfull.ctaf?id=54588264130>
- Trikalinos TA, Ip S, Raman G, et al. Home diagnosis of obstructive sleep apnea-hypopnea syndrome. *Technology Assessment*. Prepared for AHRQ by the Tufts-New England Medical Center Evidence-based Practice Center. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ); August 8, 2007. Available at: <http://www.cms.hhs.gov/determinationprocess/downloads/id48TA.pdf>. Accessed December 21, 2007.
- U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). Decision memo for continuous positive airway pressure (CPAP) therapy for obstructive sleep apnea (OSA) (CAG-0093R2). Medicare Coverage Database. Baltimore, MD: CMS; March 13, 2008
- Johns MW. A new method for measuring daytime sleepiness: the Epworth Sleepiness Scale. *Sleep*. 1991;14:540-545.
- Physician Advisors

Origination Date: 7/02	Revision Date(s): 4/03, 6/04, 6/05, 6/06, 6/07, 7/08, 3/09, 12/09, 3/11, 5/11, 04/12
Developed By: Medical Criteria Committee	