



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

**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. Palatal stiffening procedures, including but not limited to, cautery-assisted palatal stiffening operation (CAPSO), and the implantation of palatal implants (Pillar™ Palatal Implant System) are considered investigational.
4. Cardiac atrial pacing for the treatment of sleep apnea is considered investigational.
5. Any surgical procedure for simple snoring in the absence of obstructive sleep apnea is considered not medically necessary.
6. 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**

41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty (e.g. uvulopalatopharyngoplasty, uvulopharyngoplasty)
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 interface
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, each

**References:**

- Masood A, Phillips B. Radiofrequency ablation for sleep-disordered breathing. *Curr Opin Pulm Med.* 2001;7(6): 404-406.
- American Academy of Otolaryngology Head and Neck Surgery. 2000 Clinical Indicators Compendium.
- American Academy of Otolaryngology (AAO) Website. [www.entnet.org](http://www.entnet.org). Accessed May 27, 2004.
- Medicare Guidelines for Treatment of Obstructive Sleep Apnea. Medicare Part B Policy 2002.13.
- Loube DI. Technologic advances in the treatment of obstructive sleep apnea syndrome. *Chest* 1999; 116(5): 1426-33.
- Guilleminault C, Abad VC. Obstructive sleep apnea syndromes. *Medical Clinics of North America.* 2004; 88(3).
- Li KK. Surgical management of obstructive sleep apnea. *Clinics in Chest Medicine.* 2003; 24(2).

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- 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.
- 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.
- Han S, Kern RC. Laser-assisted uvulopalatoplasty in the management of snoring and obstructive sleep apnea syndrome. Miverva Med. 2004 Aug; 95(4):337-45.
- Sundaram S, Bridgman SA, Lim J, Lasseron TJ. Surgery for obstructive sleep apnea. Cochrane Database Syst Rev. 2005 Oct; (4):CD001004.
- Physician Advisors