

# Oral Appliances and Other Treatments for Obstructive Sleep Apnea

## Medical Policy

### *Utilization Management*

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#### **I. DEFINITION:**

**Apnea** is defined as the cessation of airflow for at least 10 seconds.

**Hypopnea** is defined as an abnormal respiratory event lasting at least 10 seconds associated with at least a 30% reduction in thoracoabdominal movement or airflow as compared to baseline, and with at least a 4% decrease in oxygen saturation.

**Apnea-hypopnea index (AHI)** is defined as the average number of episodes of apnea and hypopnea per hour of sleep without the use of a positive airway pressure device.

**Respiratory disturbance index (RDI)** is defined as the average number of apneas plus hypopneas per hour of recording without the use of a positive airway pressure device.

**Oral mandibular appliance** is a device inserted into the mouth in order to modify the position of the mandible, tongue and other structures in the upper airway for the purpose of relieving snoring or sleep apnea.

**Physician** refers to a licensed MD, DO, nurse practitioner, clinical nurse specialist, or physician's assistant working within their scope of practice. The term physician does not include a dentist (DDS or DMD).

## II. **MEDICARE ADVANTAGE PLANS:**

Prior authorization is REQUIRED.

Submit request through the MyAdvocate Medicare Advantage:  
provider portal: [provider.myadvocatema.com](http://provider.myadvocatema.com).

[Prior Authorization Request form](#)

Coverage may be available when criteria are met.

[Local Coverage Determination \(LCD\): ORAL APPLIANCES for Obstructive Sleep Apnea \(L33611\)](#)

[A52512 Oral Appliances for OSA Policy Article](#)

### A. **Standard documentation required for review before approval can be given.**

1. A copy of the physician's order or referral for sleep study (cannot be by DDS).
2. A copy of the physician's documentation that the sleep study was performed, and results require an oral sleep appliance.
3. A recent (within 6 months) order/prescription for appliance by treating physician.
4. Sleep study preformed within 12 months of request. \*\* if sleep study is older than 12 months and there has been no treatment deemed, a new sleep study will be required).
5. If the oral appliance is being obtained within the 5-year RUL of a CPAP, there must be medical documentation by the treating MD why the CPAP has failed and the need for the OAS appliance.

## III. **COMMENTS:**

[Oral Appliances and Other Treatments for Obstructive Sleep Apnea Coding and Packaging Guidelines](#) (For MyAdvocate Medicare Advantage internal use only)

## IV. **REFERENCES:**

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UpToDate. Society guideline links: Sleep-related breathing disorders including obstructive sleep apnea in children. [www.uptodate.com](http://www.uptodate.com)

[https://aasm.org/resources/clinicalguidelines/oral\\_appliance-osa.pdf](https://aasm.org/resources/clinicalguidelines/oral_appliance-osa.pdf)

Qaseem A, Holty JE, Owens DK, et al. Management of obstructive sleep apnea in adults: a clinical practice guideline from the American College of Physicians. Ann Intern Med. 2013;159:471–83.