

Medical Coverage Policies

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Oral Appliances for Sleep Apnea

EFFECTIVE DATE	04/15/2008	LAST UPDATED	04/15/2008
RELATED POLICIES	Sleep study (polysomnogram), Uvulopalatopharyngoplasty (UPPP)/laser assisted uvulopalatopharyngoplasty (LAUP)		

Description:

Obstructive sleep apnea syndrome (OSA) involves repetitive episodes of airway obstruction due to the collapse and obstruction of the upper airway. The repetitive cessation of breathing during sleep results in sleep fragmentation and reduction of oxygen saturation. Excessive daytime fatigue/sleepiness, impaired cognitive abilities, mood disorders, hypertension, cardiac arrhythmia, pulmonary hypertension, stroke, and increased mortality have all been linked to sleep apnea.

Intraoral appliances include either tongue-retaining devices or mandibular advancing and positioning devices which are used as an alternative treatment for patients who are unable to tolerate continuous positive airway pressure (CPAP), or surgical treatment by uvulopalatopharyngoplasty (UPPP). The appliance helps maintain a patent airway by raising the uvula, depressing the tongue, and/or advancing the mandible, thereby alleviating the obstruction of the airway. Commercially available devices are usually custom-molded or custom-fitted to the patient. Oral appliances can range from simple retaining devices to adjustable, hinged, or two-piece designs. Clinical studies show that it is useful in the long-term treatment of patients with OSA of mild to moderate severity.

Following appropriate radiological examinations, the device should be fitted by personnel trained and experienced in the overall management of oral health. To ensure the therapeutic benefit of the appliance, the patient should undergo follow-up examinations, adjustments of the device, and a follow-up polysomnography. The appliances themselves are categorized by Medicare as durable medical equipment (DME) and are not dental devices.

Medical Criteria:

Not applicable as this is a reimbursement policy.

Policy:

Intraoral appliances for use in the treatment of documented mild to moderate obstructive sleep apnea are covered under the member's durable medical equipment service.

Other oral appliances used to treat conditions such as temporomandibular joint disease (TMJ) or bruxism (grinding or clenching of teeth) are considered an exclusion (a non-covered service) for all product lines.

Oral appliances for OSA that are available over-the-counter are not covered as they have not shown to be as effective as custom-fitted oral appliances in the treatment of OSA.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate benefit booklet, subscriber agreement, or Rlte Care contract for the applicable "Medical Equipment, Medical Supplies, and Prosthetic Devices, Diagnostic Imaging, Lab, and Machine Tests" benefit/coverage.

The fitting of the appliance and the appliance itself will be provided by a dentist/orthodontist who is experienced in the making of these devices.

Note:

The following services associated with the oral appliance are considered inclusive in the global fee for the device:

- Initial evaluation*
- Oral/dental impressions
- Fabrication of the appliance
- Initial fitting, patient education, and teaching of use of the device
- Three follow-up visits once patient has begun to use the device**

*For individuals who are found not to be appropriate candidates for the appliance following the initial consultation, the provider may file for the appropriate evaluation and management code for the assessment of that patient.

**Additional visits, after the three follow-up visits, are the responsibility of the member unless an additional device is supplied.

A set of cephalometric X-rays (with and without the appliance) may be billed separately and are reimbursable. These services will be provided as diagnostic testing services.

The member will be responsible for any applicable DME benefit copayments, coinsurance, and/or deductibles.

Replacement and Repairs:

Replacement appliances are covered at three-year intervals and repairs are covered as necessary according to the "Durable Medical Equipment Repair and Replacement" policy.

Coding:

The oral device is billable under the following HCPCS codes :

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

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

Also Known As:

Herbst (two-piece appliance, adjustable)
Nocturnal airway patency appliance (NAPA) (one-piece appliance, not adjustable)
Klearway (two-piece appliance, self-adjustable)
Elastomeric appliance (to aid CPAP)
Tongue-retaining appliance/device (TRA/TRD)
Mandibular advancement device (MAD)

Related topics:

Durable Medical Equipment Repair and Replacement
Sleep study (polysomnogram)
Uvulopalatopharyngoplasty (UPPP)/laser assisted uvulopalatopharyngoplasty (LAUP)

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eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center . If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

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