



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Custom Oral Appliances for Obstructive Sleep Apnea

Policy Number: PG0131
Last Review: 01/10/2017

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional
 Facility

DESCRIPTION

Obstructive Sleep Apnea (OSA) is a result of an obstructed (blocked) airway. The breathing muscles continue to move in the chest but, because of the obstruction, air is not able to move in or out of the lungs. OSA is characterized by repeated pauses in breathing during sleep, which lead to the fragmentation of sleep and decreases in the body's oxygen.

Mandibular advancement devices (MAD) are oral appliances used for the management of mild to moderate OSA. This type of oral appliance brings the mandible forward slightly and thus reduces or relieves the upper airway obstruction and snoring characteristic of OSA.

A multidisciplinary approach is required to manage a patient who has OSA with an oral appliance. This begins with a medical assessment and sleep study to confirm the diagnosis of OSA, determine whether treatment is indicated, and, if so, whether an oral appliance is appropriate therapy. A dental evaluation follows which includes assessment of suitability for oral appliance therapy, device selection, and fitting.

A custom fabricated oral appliance is one that is individually and uniquely made for a specific patient. It involves taking an impression of the patient's teeth and making a positive model of plaster or equivalent material. Custom fabrication requires more than trimming, bending, or making other modifications to a substantially prefabricated item.

POLICY

Custom oral appliances for sleep disorders (E0486) require prior authorization for all product lines.

Prefabricated oral appliances (E0485) are non-covered for all product lines.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

The custom fabricated MAD (E0486) must meet all of the following criteria:

1. Have a fixed mechanical hinge at the sides, front or palate; and,
2. Be able to protrude the individual's mandible beyond the front teeth when adjusted to maximum protrusion;
and
3. Incorporate a mechanism that allows the mandible to be easily advanced by the individual in increments of one millimeter or less; *and*
4. Retain and adjustment setting when removed from the mouth; *and*
5. Maintain the adjusted mouth position during sleep; *and*
6. Remain fixed in place during sleep so as to prevent dislodging the device; *and*

7. Require no return dental visits beyond the initial 90-day fitting and adjustment period to perform ongoing modification and adjustments in order to maintain effectiveness

A custom fabricated MAD (E0486) used to treat OSA is covered if the following criteria are met:

1. The patient has a face-to-face clinical evaluation by the treating physician prior to the sleep test to assess for OSA
2. The patient has a sleep test that shows OSA by;
 - A. Measurement of the patient's apnea-hypopnea index (AHI) or Respirator Disturbance Index (RDI)
 - a. AHI or RDI must be greater than or equal to 15 events per hour with a maximum of 30 events
 - B. The AHI or RDI is greater than or equal to 5 and less than or equal to 14 events per hour and documentation of;
 - a. Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; *or*
 - b. Hypertension, ischemic heart disease, or history of stroke
 - C. If the AHI or RDI is greater than 30 and meets one of the following;
 - a. The patient is not able to tolerate a positive airway pressure (PAP) device, *or*
 - b. The treating physician determines that the use of a PAP device is contraindicated
3. The device is ordered by the treating physician following review of the sleep test
4. The device is provided and billed for by a licensed dentist (DDS or DMD)

Non-covered appliances:

1. Prefabricated oral appliances (E0485) will be denied as not reasonable and necessary. There is insufficient evidence to show that these items are effective therapy for OSA
2. Custom fabricated appliances that achieve their effect through positioning of the tongue (E1399) will be denied as not reasonable and necessary. There is insufficient evidence to show that these items are effective therapy for OSA
3. Custom fabricated oral appliances (E0486) that do not meet all of the criteria above will be denied as not reasonable and necessary
4. Oral appliances for the treatment of snoring
5. Non-prescription, over the counter oral appliances
6. Oral occlusal appliance used to treat temporomandibular joint (TMJ) disorders

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

HCPCS CODES	
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

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 12/01/2012

10/08/13: Policy reviewed and updated to reflect most current clinical evidence. Approved by Medical Policy Steering Committee as revised.

01/10/17: Custom oral appliances for sleep disorders (E0486) now require prior authorization for PPO. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

01/01/2021: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

