

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 03/05/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 03/05/24
<b>Clinical Policy Document:</b> Obstructive Sleep Apnea, Surgical Treatment in Adults	<b>Replaces Effective Clinical Policy Dated:</b> 06/06/23
<b>Reference #:</b> MC/C007	<b>Page:</b> 1 of 5

## PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

## POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

## GUIDELINES:

Medical Necessity Criteria – Must satisfy the following: I, and any of II - IV

- I. Member is diagnosed with moderate to severe obstructive sleep apnea (OSA) as defined by an *AHI/ RDI/ REI* score of greater than or equal to 15; and
- II. Requesting one of the following surgical procedures: jaw realignment surgery (such as, but not limited to, inferior sagittal mandibular osteotomy [ISO], maxillomandibular osteotomy and advancement [MMA], genioglossal advancement with or without hyoid myotomy [GAHM]), uvulopalatopharyngoplasty (UPPP), tonsillectomy and/or adenoidectomy – must satisfy all of the following: A and B
  - A. Evidence of anatomical indication/s (such as, but not limited to, obstruction) that are surgically correctible
  - B. Failure or intolerance of positive airway pressure treatments – any of the following: 1 or 2
    1. PAP failure is defined as an inability to eliminate OSA (AHI of greater than 15 despite PAP usage); or
    2. PAP intolerance is defined as either of the following – a or b
      - a. Inability to use PAP (greater than 5 nights per week of usage [usage defined as greater than 4 hours of use per night]); or
      - b. Unwillingness to use PAP (eg, a patient returns the PAP system after attempting to use it)
- III. Requesting septoplasty for obstructed nasal breathing due to a septal deformity or deviation that is unresponsive to medical management and is interfering with the effective use of medically necessary PAP for the treatment of OSA
- IV. Requesting tracheostomy – is considered medically necessary when other medical and surgical options do not exist, have failed or are refused, or when deemed necessary by clinical urgency

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**NOT ROUTINELY COVERED:** Surgical procedures for the treatment of snoring

**EXCLUSIONS (not limited to):**

Refer to member's Certificate of Coverage or Summary Plan Description.

The following are considered investigative (see Investigative List): I – XXI

- I. Adjustable tongue-advancement device (eg, Advance system)
- II. Apnea triggered muscle stimulation (does not include hypoglossal nerve stimulation)
- III. Cardiac (Atrial) Pacing
- IV. Cautery-Assisted Palatal Stiffening Operation (CAPSO)
- V. Epiglottidectomy
- VI. Expansion sphincteroplasty
- VII. Flexible Positive Airway Pressure (pressure-relief C-PAP [C-Flex, Respironics])
- VIII. Genioplasty/genial tubercle advancement
- IX. Glossectomy, partial
- X. Injection Snoreplasty
- XI. Laser assisted Uvuloplasty (LAUP)
- XII. Mandibular distraction osteogenesis (MDO)
- XIII. Nasal dilators
- XIV. Obstructive Sleep Apnea (OSA) oral appliance to restore proper mandibular alignment after use of overnight sleep apnea appliance, for prevention of temporomandibular joint dysfunction (such as, but not limited to, the Direct AM Positioner, Morning Repositioner [SomnoMed])
- XV. Palatal Implants (Pillar Procedure)
- XVI. Provent Sleep Apnea Therapy
- XVII. Radiofrequency Volumetric Tissue Reduction of the palate, tongue, or uvula (Somnoplasty/Coblation)
- XVIII. Remotely controlled mandibular positioner
- XIX. Tongue based reduction surgery
- XX. Tongue Based Suspension (eg, Repose or AIRvance)
- XXI. Winx therapy system/oral pressure therapy

**DEFINITIONS:**

Apnea:

Transient cessation of respiration

Apnea Hypopnea Index (AHI):

Average number of episodes of *apnea* and/or *hypopnea* per hour of sleep

Epworth Sleepiness Scale:

A scale use to indicate the likelihood of falling asleep in the following commonly encountered situations by assigning a score between 0 (none) and 3 (high chance). The scores are summed; a total greater than 10 is considered abnormal.

- Sitting and reading
- Watching TV
- Sitting, inactive, in a public place, i.e., theater
- As a passenger in a car for an hour without a break
- Lying down to rest in the afternoon when circumstances permit

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- Sitting and talking to someone
- In a car, while stopped for a few minutes in traffic

#### Hypopnea:

Abnormally slow or especially shallow respiration

#### Obstructive Sleep Apnea Types (from AASM):

- *AHI* of 5-14: Mild OSA; Involuntary sleepiness during activities that require little attention (eg, watching TV, reading)
- *AHI* of 15-29: Moderate OSA; Involuntary sleepiness during activities that require some attention (eg, meetings, presentations)
- *AHI* of 30 or greater: Severe OSA; Involuntary sleepiness during activities that require more active attention (eg, talking, driving)

#### Positive Airway Pressure (PAP):

A PAP machine works by gently blowing pressurized room air through the airway at a pressure high enough to keep the throat open. This pressurized air acts as a sort of splint. The pressure is set according to the patient's needs, high enough to ensure that the airway is fully open when the sleeper inhales but not so high that the sleeper is disturbed by the sensation. (The obstructions of the airway occur during sleep but not during waking hours partly because all muscles, including the muscles in the throat, relax during sleep.) The delivery of positive airway pressure is available in many forms, such as basic CPAP, bilevel positive airway pressure (BiPAP), automatically titrating positive airway pressure, and demand positive airway pressure.

#### Rapid eye movement (REM) RDI:

*RDI* during REM sleep

#### Respiratory Disturbance Index (RDI):

Average number of respiratory disturbances per hour (*apneas*, *hypopneas*, and respiratory event-related arousals [RERAs])

#### Respiratory Event Index (REI):

Average number of episodes of *apnea* and/or *hypopnea* per total recording time in hours

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Prior Authorization: Yes - for Adults (age 18 and over) and when submitted with ICD-10 Diagnosis Codes G473.0, G473.3, or G473.9, per network provider agreement.

## CODING:

### CPT®

21198 Osteotomy, mandible, segmental  
 21199 Osteotomy, mandible, segmental; with genioglossus advancement  
 21208 Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)  
 21209 Osteoplasty, facial bones; reduction  
 21685 Hyoid myotomy and suspension  
 30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft  
 31600 Tracheostomy, planned (separate procedure)  
 42145 Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty) [UPPP, UP3]  
 42821 Tonsillectomy and adenoidectomy, age 12 or over  
 42826 Tonsillectomy, primary or secondary; age 12 or over  
 42831 Adenoidectomy, primary, age 12 or over  
 42836 Adenoidectomy, secondary, age 12 or over  
 D7944 Osteotomy – segmented or subapical

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## REFERENCES:

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2. Clinical Policy: Coverage Determination Guidelines (MP/C009)
3. Clinical Policy: Orthognathic Surgery (MC/B002)
4. Clinical Policy: Obstructive Sleep Apnea, Non-Surgical Treatment (MC/C011)
5. Clinical Policy: Neurostimulation, Hypoglossal Nerve (MC/I012)
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<b>Retired Date:</b> 12/02/08

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Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

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Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1,800,940,5049 (TTY: 763,847,4013), 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).