NON-SURGICAL MANAGEMENT OF SLEEP APNEA

COVERAGE:

Benefits may be allowed for a medical evaluation by the attending physician. Refer to the medical policy on Sleep Studies and Polysomnogram for coverage criteria. A written referral or prescription must be provided for a dental examination to determine whether or not the patient is a candidate for a dental appliance.

Benefits may be allowed for Tongue Retaining Devices (TRD) and Mandibular Repositioner Devices (MRD) for the treatment of documented sleep apnea. A three month adaptation period of nightly wearing the device should provide enough time for maximizing the effects of therapy. The patient is then referred back to the physician for reevaluation including an overnight sleep study. Oral devices are usually used alone. However, they also have been used in conjunction with surgery and nasal CPAP. Research to date suggests that the effect of oral devices occurs only while they are being worn. No appliance has demonstrated a carry over effect to non-use nights.

Dental Examination prior to allowing a dental appliance in patients who are being treated for obstructive sleep apnea should include the following:

- medical/dental histories,
- soft tissue/intra-oral assessment,
- periodontal evaluation,
- TMJ/occlusal examination,
- intra-oral habit assessment,
- examination of teeth and restorations including prosthesis.

See specific contract language for coverage.

DESCRIPTION:

Management of obstructive sleep apnea is categorized as medical, mechanical, or surgical and guided by the severity of the disorder. Refer to the medical policy on Surgical Treatment of Obstructive Sleep Apnea/Orthognathic Surgery and/or Uvulopalatopharyngoplasty for coverage of surgical treatment.

Medical treatment of sleep apnea might consist of treatment of an underlying cardiac or respiratory condition, such as chronic congestive heart failure or chronic obstructive pulmonary disease. For mild sleep apnea, a conservative approach, including counseling about weight loss, if appropriate, avoidance of supine sleeping position, and prohibitions about bedtime alcohol or other sedating substances is used. No pharmacologic agent has been demonstrated to be definitive therapy for obstructive sleep apnea, although protriptyline, nasal steroid spray, and orphenadrine citrate may help some patients.
Mechanical Treatment

- Continuous (CPAP) or Bilevel (Bi-PAP) Positive Airway Pressure are currently the most effective and usually the first definitive therapies for moderate to severe obstructive sleep apnea. Refer to the medical policy on Nasal Continuous Positive Airway Pressure for coverage.

- There are four basic types of oral devices:

  1. the soft palate lifters - this appliance acts as scaffolding, reaching back and supporting the soft palate. This reduces the vertical drooping of the soft palate and uvula, and minimizes the fluttering effect and snoring noise. This device is effective in reducing or eliminating snoring but not in treating obstructive sleep apnea,

  2. the tongue retaining device (TRD) or tongue locking device (TLD) - grasps the tip of the tongue and holds it forward between the front teeth. The tongue actually fits into a small flexible bulb, the size of which is related to the degree the tongue can protrude unrestrained, beyond the front teeth. When excess air is expressed from the bulb a suction is created, holding the tongue in place.

  3. the mandibular repositioning devices (MRDs) (i.e., Herbst appliance) indirectly anteriorize the tongue and the base of the tongue by mechanically protruding the mandible. They are made of rigid or semirigid plastic and are anchored to the teeth whether by the fit and grip of wire clasps or by flexible plastic material.

  4. the tongue posture training devices (TOPS and TPE) have been designed to treat snoring and obstructive sleep apnea by treating problems of abnormal tongue posture by strengthening the dorsal muscles of the tongue (styloglossal and palatoglossal muscles). The tongue then remains in a rest position so as to increase the airway space as well as the resting muscle tone. To date, published data on the efficacy of these appliances is not available.

RATIONALE:

None

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.