



Surgery for Sleep Apnea (OSA) in Adults

Clinical Coverage Criteria

Overview

Obstructive sleep apnea refers to a medical condition in which the airflow rate during sleep is significantly reduced at varying percentages for more than 10 seconds. Hypopnea refers to when there is at least a 50% reduction for more than 10 seconds. Apnea refers to when there is 100% reduction in airflow for more than 10 seconds.

The reduction in airflow is measured by a polysomnography test which is an overnight laboratory sleep study consisting of the following tests EEG, EOG, EMG, oral and nasal thermistors to monitor airflow, pulse oximetry to monitor arterial oxygen saturation (SaO), and V1 telemetry to monitor cardiac activity.

Policy

Fallon Health requires Prior Authorization for Surgery for Obstructive Sleep Apnea (OSA) in Adults. Such procedures include Uvulopalatopharyngoplasty (UPPP) and Maxillomandibular advancement surgery (MMA). UPPP is considered a less invasive procedure, Fallon Health Medical Directors will review each request to see if the specific procedure is appropriate given the member's condition. These requests must be supported by the treating provider(s) medical records.

All of the following criteria must be met:

1. Documentation of Moderate/Severe apnea by means of a polysomnography test conducted at an affiliated sleep disorders laboratory within the previous 12 months. (Documentation of Mild apnea may also meet eligibility criteria if the average O₂ saturation is below 85%.)
2. Must be within 20% above their ideal body weight, defined as the number of pounds on the upper limit of the range of weights sorted by sex and height, EXCEPT for morbidly obese patients, defined as having a Body Mass Index of >40.
3. Trial and failure conservative therapy with a Continuous Positive Air Pressure (CPAP) device

The Plan allows our affiliated sleep disorder laboratories to use the Apnea Index, Respiratory Disturbance Index, or Apnea Hypopnea Index with slight variations in rating definitions. The formulas for diagnosing the severity of sleep apnea are as follows:

Respiratory Disturbance Index (RDI) and Apnea Hypopnea Index (AHI) refer to the same formula:

$$RDI/AHI = \frac{\text{total number of apneas + hypopneas, including subtle hypopneas}}{\text{total number of sleep hours}}$$

Apnea Index (AI) is calculated using the following formula:

$$AI = \frac{\text{total number of apneas}}{\text{total number of sleep hours}}$$

| Level* | Apnea Index (AI) # of Episodes per hour | | Respiratory Disturbance Index (RDI) or Apnea Hypopnea Index (AHI) |
|----------|--|----|---|
| Mild | ∅ 6-15 episodes/hour with average O2 saturation above 85%. | Or | o >5 - <15 |
| Moderate | ∅ 15-30 episodes/hour with average O2 saturation between 80-85% | Or | o >15 -<30 |
| Severe | ∅ More than 30 episodes/hour with average O2 saturation below 80%. (However patients with an average O2 saturation below 85% and at least 6 episodes/hour of apnea may also meet the criteria for severe sleep apnea.) | Or | o 30> |

Exceptions to the above criteria include patients with a diagnosis of Mild OSA and one of the following:

1. Life threatening cardiac conditions independent of severity of apnea, OR
2. Who are intolerant or incapable of using a CPAP or BiPAP device with documentation of failed trials, or in severe cases of abnormal upper airway anatomical obstructions that preclude the use of a CPAP or BiPAP device.

For coverage of Oral Devices please refer to Fallon Health's policy Oral Appliances Obstructive Sleep Apnea.

Exclusions

- Services for patients that do not meet the medical criteria defined above.
- Laser Assisted Uvulopalatoplasty (HCPCS S2080) is considered Experimental/Investigational
- Topographic EEG mapping.
- Radiofrequency-mediated tongue tissue reduction.

Codes

| Code type | Code | Description |
|-----------|-------|--|
| CPT | 21193 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft |
| | 21194 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft) |
| | 21195 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation |
| | 21196 | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation |
| | 21198 | Osteotomy, mandible, segmental; |
| | 21199 | Osteotomy, mandible, segmental; with genioglossus advancement |
| | 21206 | Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard) |
| | 21685 | Hyoid myotomy and suspension |
| | 41599 | Unlisted procedure, tongue, floor of mouth |
| | 42145 | Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty) |
| | 42299 | Unlisted procedure, palate, uvula |
| HCPCS | D7941 | Osteotomy - mandibular rami. See also codes 21193, 21195, 21196 |
| | D7943 | Osteotomy - mandibular rami with bone graft; includes obtaining the graft. See also code 21194. |
| | D7945 | Osteotomy - body of mandible. See also codes 21193, 21194, 21195, 21196. |

References

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Policy History

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|-------------------|---|
| Origination date: | 12/1995 |
| Approval(s): | Utilization Management Committee: 06/2000, 09/2000, 10/2000, 06/2003 Technology Assessment Committee: 08/28/2013, 09/24/2014 (updated template, coding, specified MMA procedure, and references) 09/23/2015 (updated references), 09/15/2016 (updated references), 09/27/2017 (updated references), 08/22/2018 (updated references), 09/10/2019 (updated references) |

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.