**MEDICAL PRE-AUTHORIZATION CRITERIA**

**MEDICARE**

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<th>PROCEDURE/ EQUIPMENT</th>
<th>Oral Appliance Therapy for Treatment of Obstructive Sleep Apnea (OSA)</th>
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<td>CPT/HCPCS CODES</td>
<td>E0485, E0486</td>
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**CRITERIA**

**MUST MEET ALL OF THE FOLLOWING:**

1. The member has had a face to face evaluation by the treating physician¹ prior to the sleep study that documents all of the following:
   a) Signs and symptoms of the sleep disordered breathing,
   b) Duration of symptoms,
   c) Sleep hygiene inventory (e.g. Epworth Sleepiness Scale),
   d) Focused cardiopulmonary and upper airway system evaluation,
   e) Neck circumference,
   f) Body mass index (BMI).

2. A sleep study has been done and the member has one of the following:
   a) The apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI) is greater than or equal to 15 events per hour with a minimum 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 with a minimum of 10 events and documentation of:
      1) Excessive daytime sleepiness (Epworth Sleepiness Scale ≥ 10), impaired cognition, mood disorders or insomnia,
      2) A documented diagnosis of hypertension, ischemic heart disease or history of stroke.
   c) The AHI or RDI is greater than 30 and meets one of the following:
      1) The member is not able to tolerate continuous positive airway pressure (CPAP);
      2) The treating physician determines that CPAP is contraindicated.

3. Within the past six months, the member has been seen and evaluated by a Sleep Medicine physician.¹

4. The device is provided by a licensed dentist (DDS or DMD).

¹For best practice, the treating physician should be board eligible or board certified by the American Board of Sleep Medicine. Diplomates of the American Board of Dental Sleep Medicine do not meet this requirement.

**DEFINITIONS**

**OSA:** Obstructive Sleep Apnea

**AHI:** Apnea/Hypopnea Index

**RDI:** Respiratory Disturbance Index – Includes apneas, hypopneas and other events that disturb sleep (e.g., RERAs, Respiratory Effort Related Arousals). In the older literature was used interchangeably with AHI, but in current sleep studies is a separate calculation.

**Mild OSA:** AHI of 5-14.9

**Moderate OSA:** AHI of 15-30

**Severe OSA:** AHI >30
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MEDICARE

NOT COVERED

- A prefabricated oral appliance (E0485) will be denied as not reasonable and necessary. There is insufficient evidence to show that these items are effective therapy for OSA.
- The following items (not all-inclusive) are considered to be dental devices and will be denied as non-covered, not DME:
  a) Oral occlusal appliances used to treat temporomandibular joint (TMJ) disorders
  b) Tongue retaining devices used to treat OSA and/or snoring
  c) All oral appliances used only to treat snoring without a diagnosis of OSA
  d) Oral appliances used to treat other dental conditions
  e) Oral appliances that require repeated fitting and/or adjustments, beyond the first 90-days, in order to maintain fit and/or effectiveness

REFERENCES


| MEDICAL DIRECTORS’ COMMITTEE REVIEW HISTORY | 4/21/10, 05/16/12, 05/01/13, 05/07/14, 05/06/15, 07/06/16 |