

Subject: Obstructive Sleep Apnea Surgeries**Policy:**

Harvard Pilgrim covers surgical procedures that are reasonable and medically necessary for an individual member, and proven effective for the treatment Obstructive Sleep Apnea (OSA)¹ in adult members.

Authorization:

Prior authorization is required for the following surgical procedures provided to adult members enrolled in core HMO, POS, and PPO products:

- Maxillomandibular Advancement (MMA)/Mandibular Advancement (MA)
- Uvulopalatopharyngoplasty (UPPP)
- Genioglossus Advancement/Hyoid Suspension

Prior authorization review of Sleep studies for members ≥ 18 years of age is delegated through our sleep management vendor.

Policy and Coverage Criteria:**General Eligibility Criteria:**

Surgical treatment of OSA in adults is authorized when applicable General Eligibility Criteria, and Service-Specific Criteria (below) are met:

- Polysomnography or home sleep study² performed within the past two years confirms diagnosis of moderate to severe OSA (AHI/RDI ≥ 15), or mild OSA (AHI/RDI 5-14) with ANY of the following:
 - Significant O₂ desaturations confirmed by polysomnography or home sleep study
 - Impaired cognition and mood disorder directly related to OSA
 - Epworth Sleepiness Scale score ≥ 9
 - History of drowsy driving, drowsy machinery operation, or motor vehicle accident related to sleepiness
 - Pulmonary hypertension
 - Ischemic heart disease
 - Hypertension refractory to medical therapy
 - History of stroke
- Medical record includes evidence of the failure of prior medical treatment for OSA. Specifically:
 - For members with severe OSA (AHI/RDI > 30), there must be documentation of Positive Airway Pressure (PAP) titration with subsequent failed attempts to tolerate PAP over time.*
 - For members with mild to moderate OSA, there must be documentation of ANY of the following:
 - Successful PAP titration with subsequent failed attempts to tolerate PAP over time*; or
 - If the member declines a PAP trial, or has failed PAP titration, there must be documentation confirming the member has been evaluated for an oral appliance by a clinician experienced in the treatment of OSA and use of oral appliances. In addition, there must be evidence confirming that the appliance was ineffective, or was not tolerated despite compliance education.

¹ Central sleep apnea alone is not an indication for surgery.

² Required documentation includes Apnea-Hypopnea Index (AHI) and/or Respiratory Disturbance Index (RDI), and record of oxygen desaturations.

***If adherence to treatment is an issue, medical record documentation must include evidence of member education, and assessment of failed improvement in compliance (e.g., PAP meter recordings).**

- For members with nasal obstruction that interferes with PAP tolerance or adherence to treatment, there must be documentation of BOTH the following:
 - A trial of medical therapy (e.g., nasal steroids);
 - Evidence that the risks and benefits of nasal repair alone (i.e., to improve PAP tolerance), and nasal repair with OSA surgery was discussed.
- Documentation confirms that the member’s anatomy is such that mild OSA is not expected to significantly improve after tonsillectomy/adenoidectomy alone.
- For members with BMI >30, a discussion of the effect of weight loss on OSA must be clearly documented in the medical record. For members with BMI >35, there must be medical record documentation confirming prior failed attempts at weight loss, and evidence of consultation with a registered dietician or weight loss physician (as appropriate).
- Documentation includes evidence of a discussion of the possible need for PAP to treat OSA after the surgery.

Service-Specific Criteria

Surgical Procedure	Criteria
<ul style="list-style-type: none"> • Maxillomandibular Advancement (MMA) • Mandibular Advancement (MA) <p>Surgical procedures performed to correct retrolingual or hypopharyngeal obstruction by moving the jaw(s) and base of the tongue forward to increase the size of the posterior airway space.</p>	<p>Procedures are authorized as follows:</p> <ol style="list-style-type: none"> 1. As initial surgery for members with craniofacial skeletal abnormalities when documentation confirms correction of those abnormalities is expected to significantly improve OSA; OR 2. When requested for a member whose OSA failed to sufficiently improve following other surgical procedures for OSA. (Confirmation by polysomnography or home sleep study within the past year is required.) <p>Required documentation includes lateral cephalometric radiographs with tracings, measurements and predictions, or 3D CT scan of the upper airway.</p>
<ul style="list-style-type: none"> • Uvulopalatopharyngoplasty (UPPP) <p>Surgical procedure consisting of removing soft tissue, and enlarging the oropharyngeal region including removal of tonsils, uvula, soft palate and excess pharyngeal tissue.</p>	<p>Procedure is authorized when medical record documentation confirms a member with moderate to severe OSA has failed prior medical treatment, and has been informed that:</p> <ol style="list-style-type: none"> 1. AHI may not reliably normalize after a UPPP procedure; and 2. PAP treatment may still be needed to treat the OSA.
<ul style="list-style-type: none"> • Genioglossus Advancement (GA) • May include Hyoid Myotomy and Suspension (GAHM) <p>Surgical procedure where the base of the tongue is pulled forward to</p>	<p>Procedures are authorized when documentation confirms member has hypopharyngeal soft tissue and tongue-base abnormalities that are causing significant airway obstruction.</p>

<p>better open the airway to treat OSA, usually to increase airway size due to deformity. The procedure is sometimes performed with hyoid myotomy and suspension (GAHM) when both are indicated.</p> <p>GA is also frequently performed with Maxillomandibular advancement or mandibular advancement procedures.</p>	<p>Requested procedure may be performed with, or after, MMA/MA or UPPP procedures for members whose OSA has failed to sufficiently improve.</p> <ul style="list-style-type: none"> Confirmation by polysomnography or home sleep study within the past year is required.
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Exclusions:

- AIRvance Bone Screw System
- Repose System
- Laser-Assisted Uvulo-Palatoplasty (LAUP)
- Pillar® Palatal Implant System
- Reduction of Base of Tongue (RBOT)
- Somnoplasty of the soft palate
- Transoral robotic surgery
- Surgical treatment for snoring alone
- Uvulectomy
- Uvulopalatoplasty (UPP)

Coding:

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

CPT® Codes	Description
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;
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
42145	Palatopharyngoplasty (e.g. uvulopalatopharyngoplasty, uvulopalatoplasty)

HCPCS Codes	Description
D7940	Osteoplasty - for orthognathic deformities - Reconstruction of jaws for correction of congenital, developmental or acquired traumatic or surgical deformity.
D7941	Osteotomy - mandibular rami
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft
D7944	Osteotomy - segmented or subapical

D7945	Osteotomy - body of mandible
D7946	Lefort I (maxilla - total)
D7947	Lefort I (maxilla - segmented)

Billing Guidelines:

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

1. Continuous positive airways pressure for obstructive sleep apnoea in adults. Cochane Database System Review. 2006; July 19: 3.
2. Clinical Guideline for the Evaluation, Management and Long-Term Care of Obstructive Sleep Apnea in Adults. J Clinical Sleep Medicine. 2009; 3 (3): 263
3. Surgical Modifications of the Upper Airway for Obstructive Sleep Apnea in Adults: A Systemic review and Meta-Analysis. Sleep 2010; 33 (10): 1396.
4. Practice Parameters for the Surgical Modifications of the Upper Airway for Obstructive Sleep Apnea in Adults. Sleep. 2010; 33 (10):1408.
5. The Treatment of Central Sleep Apnea syndromes in Adults: Practice Parameters with an Evidence-Based Literature Review and Meta-Analysis. Sleep 2012; 35 (1):17-40.
6. Management of Obstructive Sleep Apnea in Adults: A Clinical Practice Guideline From the American College of Physicians. Annals of Internal Medicine October 2013; 159 (7): 471-483.
7. Kline, LR. Clinical presentation and diagnosis of obstructive sleep apnea in adults. In: UpToDate, Post, TS (ed), Waltham, MA, 2015.
8. Strohl, KP. Overview of obstructive sleep apnea in adults. In: UpToDate, Post, TS (ed), Waltham, MA, 2015.
9. Kryger, MH., Malhotra, A. Management of obstructive sleep apnea in adults. In: UpToDate, Post, TS (ed), Waltham, MA, 2015.
10. Spicuzza, L., Caruso, D., DiMaria, G. Obstructive sleep apnoea syndrome and its management. Ther Adv Chronic Dis. 2015; 6(5): 273-85.
11. Smith, DF., Cohen, AP, Ishman, SL. Surgical management of OSA in adults. Chest. 2015; 147(6): 1681-90.

Summary of Changes

Date	Changes
7/19	Annual review. No changes.
6/17	Policy revised to reflect vendor management
5/17	References updated.
2/16	Updated references, added coding, minor formatting changes
1/15	Enhance language re: documentation requirements for members with BMI >30. Clarify that GA is frequently performed with Maxillomandibular advancement or mandibular advancement. Changes supported by specialist consultant.

Approved by Medical Policy Committee: 7/10/19

Approved by Clinical Policy Operational Committee: 3/05, 3/06, 3/07, 4/08, 6/09, 6/10, 9/10, 10/11, 10/12, 12/13, 1/15; 2/16; 5/17; 6/17; 7/19

Policy Effective Date: 7/11/19

Initiated: 1/04