

# Clinical Policy: Obstructive Sleep Apnea

Reference Number: CP.DP.45

Last Review Date: 12/24

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Description

This policy describes the medical necessity requirements for the treatment of obstructive sleep apnea by a dentist.

## Policy/Criteria

- I. It is the policy of Envolve Dental<sup>®</sup> that treatment for obstructive sleep apnea is **medically necessary** when all of the following are met:
  - A. When a face-to-face evaluation has been completed by a physician prior to a sleep test to assess the member for obstructive sleep apnea
  - B. When a sleep test has been performed and one of the following conditions has been confirmed:
    - a. An apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) that is equal to or greater than 5 and less than 15 events per hour
    - b. AHI or RDI equal to or greater than 15 and less than 30 events per hour, and,
      - i. Patient experiencing trial and failure of a continuous positive airway pressure (CPAP) machine
    - c. AHI or RDI is equal to or greater than 30 events per hour; and,
      - i. Patient experiencing trial and failure of a CPAP machine
  - C. When a physician (MD or DO) has diagnosed and confirmed obstructive sleep apnea
  - D. When a physician (MD or DO) has ordered and prescribed an obstructive sleep apnea device following a review of the report of the sleep apnea test
  - E. When a physician (MD or DO) has submitted a written referral of the member to the dentist
  - F. When the dentist has received formal training and is certified in the treatment of obstructive sleep apnea.
- II. It is the policy of Envolve Dental<sup>®</sup> that the treatment of obstructive sleep apnea by a dentist is **not medically necessary when any of the following are present**:
  - A. When there is lack of documentation showing the use of behavioral modification or a CPAP machine has not been attempted or has failed to control the obstructive sleep apnea condition
  - B. When a physician (MD or DO) has not conducted the obstructive sleep apnea test as noted above in section I.B
  - C. When a physician (MD or DO) has not diagnosed obstructive sleep apnea
  - D. When a physician (MD or DO) has not prescribed an obstructive sleep apnea appliance
  - E. When the dentist is not trained and certified for the treatment of obstructive sleep apnea.

## III. Background

Obstructive sleep apnea is a common sleep-related breathing disorder, often resulting in repeated episodes of stopping and starting breathing while sleeping. It is often caused by episodic throat muscles relaxation to the point where the airway is blocked. Obstructive sleep apnea often results in sleep disruption, fatigue, snoring and choking during sleep. This condition requires physician (MD or DO) evaluation, testing and diagnosis. The use of behavioral modification and/or a CPAP machine are often the first methods of choice to alleviate the symptoms of obstructive sleep apnea.

**IV. Coverage Limitations/Exclusions**

1. Obstructive sleep apnea device is covered once per 36 months unless specified otherwise by state Medicaid or federal Medicare regulations.
2. Adjustments, repairs, and relines within six (6) months of the device delivery date are included in the device service.
3. Replacement of an obstructive sleep apnea device, if damage or breakage was directly related to provider error, is the responsibility of the dentist.

**Coding Implications**

This clinical policy references Current Dental Terminology (CDT®). CDT® is a registered trademark of the American Dental Association. All CDT® codes and descriptions are copyrighted 2024, American Dental Association. All rights reserved. Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CDT®/CPT® codes and CDT®/CPT® descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services. CDT® codes are intended for submissions to a dental plan. CPT® codes are intended for submission to a medical plan.

Retrospective review/analysis or fraud, waste and abuse initiatives that identify mis-coding (upcoding) resulting in higher reimbursement than allowed for the correctly coded service, or does not provide documentation supporting performing and/or completing claimed services may result in the recoupment of the identified monetary variance by any of the following means: a) from the payment for other claimed services; or b) directly from the provider.

| CDT® Codes | Description   |
|------------|---|
| D9947      | Custom sleep apnea appliance fabrication and placement                                |
| D9948      | Adjustment of custom sleep apnea appliance  |
| D9949      | Repair of custom sleep apnea appliance  |
| D9953      | Reline of custom sleep apnea appliance (indirect)                                     |
| D9954      | Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device |
| D9955      | Oral appliance therapy (OAT) titration visit  |
| D9956      | Administration of home sleep apnea test   |
| D9957      | Screening for sleep related breathing disorders                                       |

**ICD-10-CM® Diagnosis Codes that Support Coverage Criteria**

+ Indicates a code(s) requiring an additional character

| ICD-10-CM® Code | Description                      |
|-----------------|----------------------------------|
| R06.5           | Mouth breathing                  |
| R08.83          | Snoring                          |
| R06.89          | Other abnormalities of breathing |
| G47.30          | Sleep apnea, unspecified         |

|        |  |
|--------|--|
| G47.31 | Primary central sleep apnea                                      |
| G47.32 | High altitude periodic breathing                                 |
| G47.33 | Obstructive sleep apnea (adult) (pediatric)                      |
| G47.34 | Idiopathic sleep related nonobstructive alveolar hypoventilation |
| G47.35 | Congenital central alveolar hypoventilation syndrome             |
| G47.36 | Sleep related hypoventilation in conditions classified elsewhere |
| G47.37 | Central sleep apnea in conditions classified elsewhere           |
| G47.39 | Other sleep apnea  |
| G47.63 | Sleep related bruxism  |
| G47.8  | Other sleep disorders  |
| G47.9  | Sleep disorder, unspecified                                      |

| Reviews, Revisions, and Approvals | Date  | Approval Date |
|-----------------------------------|-------|---------------|
| Original approval date            | 03/23 | 03/23         |
| Annual Review                     | 12/23 | 12/23         |
| Annual Review                     | 12/24 | 12/24         |

**References**

1. Obstructive Sleep Apnea. American Dental Association website.  
<https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/sleep-apnea-obstructive>. Accessed February 26, 2023.
2. American Dental Association CDT® 2024 Code on dental procedures and nomenclature.
3. American Dental Association CDT® 2024 Coding Companion.

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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**Note: For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members/enrollees**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <https://www.cms.gov> for additional information.

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