



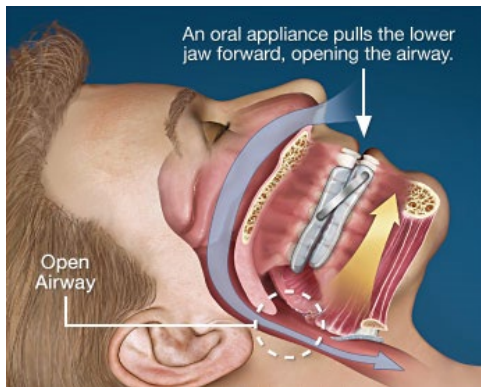
NHS MEDICAL POLICY

Mandibular Advancement Oral DME 2014-005

An oral appliance may be indicated when ONE of the following is present:

1	<p>Mild to moderate obstructive sleep apnea with sleep study testing documenting apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) of 5 to 15 events per hour AND one of the following is documented:</p> <ul style="list-style-type: none"> • Cardiovascular disease (e.g., hypertension, ischemic heart disease, heart failure, stroke) • Excessive daytime sleepiness • Fibromyalgia-like symptoms • Headaches upon awakening • Heartburn and reflux • Impaired cognition • Mood disorder • Night sweats • Nocturia or nocturnal enuresis • Observed apnea or choking episodes. • Patient is commercial vehicle driver. • Snoring
2	Moderate to severe obstructive sleep apnea with sleep study testing documenting apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 to 30 events per hour.
3	<p>Severe obstructive sleep apnea with sleep study testing documenting apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) of more than 30 events per hour AND one of the following is documented:</p> <ul style="list-style-type: none"> • The member is not able to tolerate a positive airway pressure (PAP) device. • The use of a PAP device is contraindicated.
4	An oral splint will be used in conjunction with orthognathic surgery.

A mandibular advancement appliance for obstructive sleep apnea



SOURCES

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 4. Epstein LJ, et al. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. *J Clin Sleep Med* 2009; 5:263.
 5. Fleury B, et al. Mandibular advancement titration for obstructive sleep apnea: optimization of the procedure by combining clinical and oximetric parameters. *Chest* 2004; 125:1761.
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 9. Vanderveken OM, et al. Comparison of a custom-made and a thermoplastic oral appliance for the treatment of mild sleep apnea. *Am J Respir Crit Care Med* 2008; 178:197.
 10. Bachelet JT, et al. Observations on the role of surgical splints in orthognathic surgery. *J Dentofacial Anom Orthod* 2016;19:207.
 11. Li Y, et al. Clinical feasibility and efficacy of using virtual surgical planning in bimaxillary orthognathic surgery without intermediate splint. *J Craniofac Surg* 2015;26:501–505.
 12. Hammoudeh JA, et al. Current Status of Surgical Planning for Orthognathic Surgery: Traditional Methods versus 3D Surgical Planning. *Plast Reconstr Surg Glob Open* 2015;6;3(2):e307.
- Li B, et al. A new approach of splint-less orthognathic surgery using a personalized orthognathic surgical guide system: A preliminary study. *Int J Oral Maxillofac Surg*. 2017;46(10):1298–1305.

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

E 0486 and E 0486

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
09/25/2015	Annual review – no changes
09/14/2016	Annual review – no changes
09/12/2017	Annual review – no changes
09/12/2018	Annual review – no changes
09/12/2019	Annual review – no changes
03/12/2020	Added Line 4; added A mandibular advancement appliance for obstructive sleep apnea; under Sources added lines 10, 11, 12 & 13; Under Code Reference added CPT21085
03/12/2021	Annual review – no changes
03/28/2022	Annual review – no changes
02/23/2023	Annual review – no changes
02/20/2024	Annual review and approval by UM/QM Committee
03/24/2025	Annual review and approval by UM/QM Committee