

Policy Key: Obstructive Sleep Apnea

TriWest Clinical Operations – TRICARE West Region

SCOPE

This Policy Key provides criteria to use during medical necessity review for services and procedures related to Obstructive Sleep Apnea (OSA) and other sleep disturbances.

For Implantable Hypoglossal Nerve Stimulation (HGNS), see the Neurostimulator Policy Key.

NOT COVERED

- Pillar palatal implant system for OSA treatment ^[1]
- Radiofrequency Ablation (RFA) of the tongue base to treat OSA ^[1]
- Oral Appliances for snoring ^[4]
- Palatopharyngoplasty experimental, investigational, or unproven for persons with nonobstructive sleep apnea, upper airway resistance syndrome (UARS) ^[4]
- Laser-assisted uvulopalatoplasty (LAUP) ^[3]
- Treatment not listed under the coverage criteria

COVERAGE CRITERIA

Custom Oral Appliances ^[2, 4]

- **Initial Level of Review** may approve if **One** of the following criteria is met:
 - Sleep Study Results
 - AHI or RDI is greater than or equal to 15 events per hour with a minimum of 30 events.
 - AHI or RDI is greater than or equal to 5 and less than 15 events per hour with a minimum of 10 events **and** documentation of
 1. Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia **OR**
 2. Hypertension, ischemic heart disease, or history of stroke.
 - AHI > 30 or the RDI > 30 **and** either
 1. Inability to tolerate a positive airway pressure (PAP) device
 2. The treating practitioner determines that the use of a PAP device is contraindicated.
- **Initial Level of Review** may approve replacement of previously approved oral appliances for **either** of the following conditions: ^[4]
 - Appliance is at the end of the 5-year reasonable/useful lifetime

- Change in beneficiary's condition

Lingual or Pharyngeal Tonsillectomy and Adenoidectomy [4]

- **Initial Level of Review** may approve **either** of the following conditions:
 - Lingual or pharyngeal tonsillectomy in an adult with OSA with documentation of hypertrophied tonsils that compromise the airway space
 - Adenoidectomy in an adult with OSA and significant nasopharyngeal obstruction from adenoid hyperplasia

Jaw Realignment Surgery [3, 4]

Examples: Hyoid myotomy and suspension, mandibular maxillary osteotomy and advancement, genioglossus advancement with or without hyoid suspension.

- **Initial Level of Review** may approve if meets **ALL** the following criteria:
 - Failure to respond to Continuous Positive Airway Pressure (CPAP) therapy or cannot tolerate CPAP or other appropriate non-invasive treatment Respiratory Disturbance Index of 15 or higher
 - Evidence of retrolingual obstruction as the OSA cause or previous failure of UPPP to correct the OSA
- **Note:** Regarding the Mandibular Maxillary Osteotomy and Advancement operation:
 - Separate repositioning of teeth would not be necessary except under unusual circumstances and could be covered under the Adjunctive Dental Policy Key.
 - Application of an interdental fixation device is occasionally necessary.

Tongue Base Reduction surgery [3, 4]

- **Initial Level of Review** may approve tongue reduction procedures, e.g., midline glossectomy and lingualplasty for OSA to relieve obstruction in the lower pharyngeal airway.

Tracheostomy [3,4]

- **Initial Level of Review** may approve if meets the following conditions:
 - OSA is unresponsive to other treatment means or when the treating physician determines that other treatment is not indicated or would be ineffective.

Uvulopalatopharyngoplasty (UPPP) [3, 4]

- **Initial Level of Review** may approve for if meets **ALL** the following conditions:
 - Failure to respond to CPAP therapy or cannot tolerate CPAP or other appropriate noninvasive treatment
 - Evidence of retropalatal or combination retropalatal/retrolingual obstruction as the cause of the obstructive sleep apnea
 - Respiratory Disturbance index of 15 or higher

- **Note:** Tonsillectomy with approved UPPP is allowed.

Nasal Surgeries ^[3, 4]

Turbinectomy

- **Initial Level of Review** may approve if meets **ALL** the following criteria:
 - Severe nasal obstruction due to hypertrophied inferior nasal turbinates
 - 18 years or older
 - Intolerance of CPAP due to nasal issues and high-pressure requirements

Nasal Valve Surgery

- **Initial Level of Review** may approve if meets **ALL** the following criteria:
 - Internal or external valve collapse contributing to the nasal obstruction
 - 18 years or older
 - Intolerance of CPAP due to nasal issues and high-pressure requirements

Polypectomy

- **Initial Level of Review** may approve if meets **ALL** the following criteria:
 - Severe nasal obstruction due to nasal polyps
 - 18 years or older
 - CPAP intolerance due to nasal issues and high-pressure requirements

Septoplasty ^[5]

- **Initial Level of Review** may approve if meets **ALL** the following criteria:
 - 18 years or older
 - Septal deviation causing continuous airway obstruction that causes difficult nasal breathing unresponsive to four (4) or more weeks of medical therapy
 - Intolerance of CPAP due to nasal issues and high-pressure requirement

DEFINITIONS

NA

CODES

CPT 21199, 21685, 31600, 42145, 42820-42826

HCPCS E0485, E0486



REFERENCES

[1] TRICARE Policy Manual 6010.63-M, April 2021, Change 4 (June 13, 2024), Chapter 4, Section 8.1, Respiratory System, https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-20/AsOf/TPT5/C4S8_1.html

[2] Centers for Medicare & Medicaid Services. (n.d.). Local Coverage Determination (LCD): Oral Appliances for Obstructive Sleep Apnea (L33611). Retrieved July 22, 2025, from <https://www.cms.gov/medicare-coveredatabase/view/lcd.aspx?LCDId=33611>