

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 28.1
TITLE: OBSTRUCTIVE SLEEP APNEA SYNDROME

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(a)(1)

I. EFFECTIVE DATE

- A. October 26, 1994
- B. July 17, 1997, for somnoplasty.

II. PROCEDURE CODE(S)

21141-21194, 21198-21199, 21299, 21499, 42145, 42160, 70350, 92511, 94660,
and 95805-95811

III. DESCRIPTION

Sleep Apnea Syndromes (SAS). This is a collective term used to describe a variety of syndromes wherein the patient stops breathing for multiple periods during sleep. It is classified as resulting from obstructive disturbances of the upper airway (OSAS), from central lesions (CSAS), or from mixed causes (MSAS). In sleep apnea, the arterial oxygen saturation decreases as a consequence of the apneic periods. Cardiac arrhythmias may develop and acute elevations of systemic arterial pressure can occur. Depending on the loss of sleep and rest, the patient exhibits varying degrees of fatigue and daytime somnolence, loss of efficiency, and poor performance. Snoring is common and may be the chief complaint. In more marked situations, pulmonary hypertension may lead to right heart failure, fibrillation, and other symptoms of pulmonary insufficiency. OSAS significantly increases mortality rate.

IV. POLICY

- A. The following diagnostic procedures for OSAS are covered under CHAMPVA.
 - 1. Cephalometric analysis (a scientific measurement of the dimensions of the head (CPT code 70350)).

Note: The CPT nomenclature for this code reads "Cephalogram, orthodontic." Although there are restrictions for orthodontic services under CHAMPVA, benefits shall be allowed for the cephalogram under the diagnosis of OSAS.

2. Nasopharyngoscopy with endoscope (CPT code 92511) for examination of the nasopharynx and larynx.

3. Polysomnography (CPT code 95805-95811). Polysomnography includes recording, analysis, and interpretation of multiple simultaneous physiologic and pathophysiological measurements during sleep. The code is all-inclusive for the physiologic measurements recorded, analyzed, and interpreted during the study, therefore, no separate allowance for any component study billed along with polysomnography shall be allowed. Physiologic variables commonly monitored during polysomnography include:

- a. electroencephalography (EEG);
- b. electrooculogram (EOG);
- c. chin and leg electromyography (EMG);
- d. electrocardiography (ECG or EKG);
- e. airflow;
- f. thoracic and abdominal effort assessments; and
- g. pulse or sleep oximetry when used with a respiratory or ventilator device.

4. Nasal continuous positive airway pressure (CPAP) study for two consecutive nights (CPT code 94660).

B. Following presurgical evaluation, each patient is classified according to the site of obstruction revealed during the diagnostic work up described above. These classifications include:

1. type I patients which have obstructions limited to the oropharynx,
2. type II patients which have obstructions in both the oropharynx and hypopharynx, and
3. type III patients which have obstructions confined solely to the hypopharynx.

C. The below listed surgical procedures for OSAS are undertaken based upon the type of obstruction disclosed during the diagnostic work up and may be considered for CHAMPVA cost sharing:

1. type I patients undergo uvulopalatopharyngoplasty (UPPP) (CPT code 42145);

2. type II patients undergo UPPP plus mandibular osteotomy (CPT code 21198) and genioglossus advancement with hyoid myotomy/suspension (GAHM) (CPT code 21199); and

3. type III patients undergo GAHM (CPT code 21199).

D. Polysomnography for OSAS is repeated six months post-operatively. If the initial surgical intervention fails to correct the obstructive problem as evidenced by polysomnography, the patient then undergoes maxillary-mandibular advancement osteotomies (MMO) (CPT codes 21141-21193 and 21198-21199).

E. An FDA approved dental orthosis may be cost shared under CHAMPVA for the treatment of OSAS. The device must be used for the treatment of OSAS and not for adjunctive dental.

F. Somnoplasty for OSAS. This is a noninvasive technique that uses thermal coagulation (heat) to shrink the excessive tissue of the uvula (CPT code 42160) which is the flap of tissue that descends from the roof of the mouth.

V. POLICY CONSIDERATIONS

A. Referral by Attending Physician. The patient must be referred to the sleep disorder center by the attending physician, and the center must maintain a record of the attending physician's orders.

B. Diagnostic Testing. The need for diagnostic testing if confirmed by medical evidence, e.g., physical examinations and laboratory tests.

C. Claims for diagnostic sleep studies for OSAS shall be processed and paid as outpatient services. Patients who undergo the testing are not considered inpatients, although they may come to the facility in the evening for testing and then leave after their tests are completed.

D. Institutional and professional charges related to sleep diagnostic testing performed in a CHAMPVA-approved hospital are covered only for narcolepsy, sleep apnea, impotence, parasomnia, and suspected epilepsy when the distinction between seizure activity and other forms of sleep disturbances is uncertain on an outpatient cost sharing basis.

E. Freestanding Facilities. Payment may be made for any sleep diagnostic testing performed by a freestanding facility which is Medicare certified as an independent physiological laboratory.

VI. EXCLUSIONS

A. Services or supplies provided as a part of or under a grant or research program. [38 CFR 17.272(a)(13)]

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B. Diagnostic testing that is duplicative of previous testing done by the attending physician

C. Diagnostic testing performed in the home is considered medically inappropriate.

D. Sleep studies, polysomnography, and diagnostic testing performed in the home.

END OF POLICY