Sentara Health Plans

Medicaid

Surgical Treatments for Obstructive Sleep Apnea (OSA), Surgical 18

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Obstructive Sleep Apnea (OSA) is a sleep related breathing disorder with concerns of decreased or complete halt in airflow regardless of ongoing efforts to breathe.

Apnea Hypopnea Index (AHI) is the number of Apneas plus the number of Hypopneas during the entire sleeping period, times 60, divided by total sleep time in minutes; unit: event per hour (AASM Scoring Manual).

Drug-induced sleep endoscopy (DISE) is used to identify patterns of upper airway collapse that occurs in non-awake individuals to aid in treatment decisions by using an endoscope to examine the velum, pharynx, tongue base, and larynx.

Hypoglossal Nerve Stimulation (HGNS) is an Implantable Upper Airway Stimulation device placed under the skin, below the clavicle to deliver a stimulation to the hypoglossal nerve for decreased respirations detected. (Inspire)

Laser-Assisted Uvulopalatoplasty (LAUP) is a iminimally invasive surgical procedure for a partial resection of the uvula and soft palate using a laser.

Somnoplasty is a minimally invasive procedure using radiofrequency energy to heat and constrict tissues for surgical palate and uvula reduction

Tongue base reduction – also known as (Submucosal ablation of the tongue base) reconstructive procedure (coablation, RFA or surgical resection) to reduce the size of an enlarged or abnormally shaped intrusive tongue.

Criteria:

Surgical Treatments for OSA are considered medically necessary for **1 or more** of the following:

- **Drug induced sleep endoscopy (DISE) (CPT 42975)** may be indicated for **1 or more** of the following:
  - **Adult (18 years of age or older)** with **ALL** of the following:
    - Evaluation needed for appropriateness of FDA-approved hypoglossal nerve stimulation (i.e. Confirm absence of complete concentric collapse at the soft palate level)
    - Individual is diagnosed with moderate or severe sleep apnea
    - Individual meets the following criteria for implantation of Hypoglossal Nerve Stimulation device for Obstructive Sleep Apnea including **ALL** of the following:
      - Apnea-hypopnea index from 15 to 65 events per hour
      - Apnea is predominantly obstructive (ie, central and mixed apneas less than 25% of total apnea-hypopnea index).
      - BMI less than 40
      - Positive airway pressure (PAP) (eg, CPAP or BPAP) failure (ie, apnea-hypopnea index greater than 15 despite PAP) or intolerance
      - Unwillingness to use PAP (ie, less than 4 hours of use per night)
      - Patient is not pregnant.
  - **Child (less than 18 years of age)** with indications of **1 or more** of the following:
    - Individual is diagnosed with Obstructive sleep apnea
    - Persistent Obstructive sleep apnea following Adenotonsillectomy
    - At the time of Adenotonsillectomy for children at high risk of persistent Obstructive sleep apnea as indicated by **1 or more** of the following:
      - severe baseline disease, defined as an obstructive Apnea hypopnea index >10 events/hour
      - obesity
      - craniofacial syndromes including Down syndrome
      - neuromuscular disorders
    - For Confirmation absence of complete concentric collapse at the soft palate level
    - Evaluation needed for appropriateness of FDA-approved hypoglossal nerve stimulation (i.e. Confirm absence of complete concentric collapse at the soft palate level) and all of the following indications:
      - 13 to 18 years of age
      - Diagnosis of trisomy 21 (ie, Down syndrome)
      - Adenotonsillectomy is contraindicated or did not effectively improve apnea-hypopnea index.
      - Apnea-hypopnea index from 15 to 50 events per hour
      - Apnea is predominantly obstructive (ie, central and mixed apneas less than 25% of total apnea-hypopnea index).
      - PAP (eg, CPAP or BPAP) failure (ie, apnea-hypopnea index greater than 15 despite PAP) or intolerance,
      - Unwillingness to use PAP (ie, less than 4 hours of use per night)
- **Hypoglossal Nerve Stimulation** for Obstructive Sleep Apnea may be indicated when **1 or more** of the following are present:
  - **Adult (18 years of age or older)** with moderate or severe sleep apnea and **ALL** of the following:
    - Apnea-hypopnea index from 15 to 65 events per hour
    - Apnea is predominantly obstructive (ie, central and mixed apneas less than 25% of total apnea-hypopnea index).
    - BMI less than 40
    - Positive airway pressure (PAP) (eg, CPAP or BPAP) failure (ie, apnea-hypopnea index greater than 15 despite PAP) or intolerance
    - Unwillingness to use PAP (ie, less than 4 hours of use per night)

        - Patient is not pregnant.
    - **Adolescent (13 to 18 years of age)** with moderate or severe sleep apnea and **ALL** of the following:
        - Diagnosis of trisomy 21 (ie, Down syndrome)
        - Adenotonsillectomy is contraindicated or did not effectively improve apnea-hypopnea index.
        - Apnea-hypopnea index from 15 to 50 events per hour
        - Apnea is predominantly obstructive (ie, central and mixed apneas less than 25% of total apnea-hypopnea index).
        - PAP (eg, CPAP or BPAP) failure (ie, apnea-hypopnea index greater than 15 despite PAP) or intolerance,
        - Unwillingness to use PAP (ie, less than 4 hours of use per night)
        - Absence of complete concentric collapse at soft palate level as seen on drug-induced sleep endoscopy (DISE)
        - Patient is not pregnant.

Surgical treatments for obstructive sleep apnea are considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Cautery-Assisted Palatal Stiffening Operation (CAPSO) **42299**
- Coblation For Pediatric Lymphatic Malformation In The Oral Cavity **42299**
- Palatal implants **42299**
- The Pillar™ system **42299**
- Laser-assisted uvulopalatoplasty (LAUP) **S2080/ 42299**

Document History:

Revised Dates:

- 2026: May – Implementation date of September 1, 2026 – remove from exceptions Tongue base reduction and Tongue Base Suspension Surgery to use MCG Tongue Base Ablation, Radiofrequency and Other Tongue Procedures (A-0249).
- 2025: May – Implementation date of August 1, 2025. Removed criteria for items addressed in MCG, changed ages for HGNS and removed codes addressed in other policies. New format
- 2024: January
- 2022: May, September
- 2021: November
- 2020: January, November
- 2016: February
- 2015: April
- 2013: August
- 2012: November
- 2011: August
- 2010: September
- 2009: August
- 2008: August
- 2002: September
- 1998: September
- 1995: March

Reviewed Dates:

- 2023: September
- 2019: November
- 2018: April
- 2017: February
- 2015: August

- 2014: August
- 2012: August
- 2010: August
- 2007: December
- 2005: August
- 2004: September, December
- 2003: September
- 2001: November
- 2000: November
- 1999: October
- 1996: August

Origination Date: April 1994

Coding:

Medically necessary with criteria:

Coding	Description
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible,diagnostic
61886	Insertion or replacement of cranial neurostimulator generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
61888	Revision or removal of cranial neurostimulator pulse generator or receiver Removal of component(s) of a HNS for treatment of OSA
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64569	Revision or replacement of cranial nerve (e.g. vagus nerve) neurostimulator electrode array, including connection to an existing pulse generator, whenperformed
64570	Removal of cranial nerve (e.g. vagus nerve) neurostimulator electrode array and pulse generator, when performed
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existingpulse generator
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
L8679	Implantable neurostimulator, pulse generator, any type
L8680	Implantable neurostimulator electrode, each
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension

L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension

Considered Not Medically Necessary:

Coding	Description
42299	Unlisted procedures, palate, uvula [when specified as any of the following: • Cautery-assisted palatal stiffening (CAPSO); • Coblation; • Palatal implants. • The Pillar™ system
S2080/ 42299	Laser-assisted uvulopalatoplasty (LAUP)

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Virginia Medicaid products.
  - Refer to Sentara Health Plan Orthognathic Surgery, Surgical 34
  - Refer to Sentara Health Plan Cosmetic and Reconstructive Surgery, Surgical 03
  - Refer to Obstructive Sleep Apnea Devices, DME 250
  - Refer to MCG for:
    - Uvulopalatopharyngoplasty (UPPP) (A-0245)
    - Mandibular Osteotomy (A-0247)
    - Maxillomandibular Osteotomy and Advancement (A-0248)
    - Tongue Base Ablation, Radiofrequency and Other Tongue Procedures (A-0249)
- Authorization requirements
  - Pre-certification by the Plan is required.
  - **Please refer to Prior Authorization List for most up to date requirement Search PAL List: Sentara Health Plans**
- Special Notes:
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly

evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. EPSDT Supplement B (updated 5.19.22)_Final.pdf
- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2025, Jun 13). Retrieved Mar 27, 2026, from MCG 29th Edition: https://careweb.careguidelines.com/ed29/index.html

(2026). Retrieved Mar 27, 2026, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=obstructive+sleep+apnea&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&smartSearch=N

(2026). Retrieved Mar 24, 2026, from Virginia Department of Medical Assistance Services: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Obstructive%20sleep%20apnea&gsc.sort=

Device, Anti-Snoring. (2004, Jul 28). Retrieved Mar 27, 2026, from U.S. Food and Drug Administration: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm?ID=14433

Genio® System for Obstructive Sleep Apnea (OSA). (2025, Aug 08). Retrieved Mar 27, 2026, from US Food and Drug Administration: https://www.accessdata.fda.gov/cdrh_docs/pdf24/P240024B.pdf

Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea. (2022, Dec 27). Retrieved Mar 27, 2026, from Hayes - a symplr company: https://evidence.hayesinc.com/report/dir.hypoglossal2981

LCD: Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea (L38276). (2023, Apr 13). Retrieved Mar 27, 2026, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38276&ver=8&keyword=obstructive%20sleep%20apnea&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

LCD: Surgical Treatment of Obstructive Sleep Apnea (OSA) (L34526). (2025, Jun 26). Retrieved Mar 27, 2026, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-

database/view/lcd.aspx?lcdid=34526&ver=24&keyword=obstructive%20sleep%20apnea&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

Sleep Disorder Management 2025-11-15 [updated 2026-03-21]. (2026, Mar 21). Retrieved Mar 27, 2026, from Carelon: https://guidelines.carelonmedicalbenefitsmanagement.com/sleep-disorder-management-2025-11-15-uc/

The emerging option of upper airway stimulation therapy. (2018, Feb 10). Retrieved Mar 27, 2026, from Mayo Clinic: https://www.mayoclinic.org/medical-professionals/pulmonary-medicine/news/the-emerging-option-of-upper-airway-stimulation-therapy/mac-20431242

Weaver, E., & Kapur, V. (2024, Aug 02). Surgical treatment of obstructive sleep apnea in adults. Retrieved Mar 27, 2026, from UpToDate (1): https://www.uptodate.com/contents/surgical-treatment-of-obstructive-sleep-apnea-in-adults?search=Obstructive%20sleep%20apnea%20surgical%20&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H126399592

Keywords:

Oral Surgery, Uvulopalatopharyngoplasty, UPPP, Surgical Obstructive Sleep Apnea, OSA, Surgical 18, jaws, mouth, lips, tongue, hard palates, soft palates, temporomandibular Joint disease, arthroscopic joint repair, open joint repair, excision of the joint, fractures, facial bones, mandible, maxilla, malignant tumors, symptomatic tumors, cysts, gums, cheeks, salivary glands, tori, exostoses, soft tissue breakdown, sinuses, salivary ducts, periodontal structures, Cleft Palate repair, Osteotomy, Orthodontic treatment, congenital deformities, tumor, functional defect, Apnea-hypopnea index, AHI, respiratory disturbance index, RDI, Hypertension, cardiac arrhythmias, Pulmonary hypertension, ischemic heart disease, Impaired cognition, mood disorders, history of stroke, Excessive daytime sleepiness, Epworth Sleepiness Scale, CPAP, continuous positive airway pressure, Hyoid myotomy, mandibular osteotomy, Jaw realignment surgery, Tracheostomy