



## Clinical Review Criteria for Mandibular Advancement Device (MAD) in the Treatment of Obstructive Sleep Apnea (OSA)

### I. Criteria for Approval

- A. The member has a diagnosis of Obstructive Sleep Apnea (OSA) confirmed by a sleep study.
- B. The member has trialed a positive pressure (PAP) device for at least 30 days or the device is contraindicated.
- C. The device is provided and billed for by a licensed dentist (DDS or DMD).

### II. Required Documentation

- A. Participating Primary Care Physician; Pulmonologist; Ear, Nose and Throat Specialist; or Neurologist confirms in writing to HNE that this member does not tolerate a positive airway pressure (PAP) device, or the reason that the use of a positive airway pressure (PAP) device is contraindicated.
- B. Code E0486

### III. What is Not Covered

- A. Devices requested for the treatment of snoring
- B. Non-prescription, over-the-counter devices
- C. Custom fabricated mandibular advancement devices (E1399), that achieve their effect through positioning of the tongue, and prefabricated oral appliances (E0485)

### References:

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

Hoekema, A., Doff, M., de Bont, L., van der Hoeven, J., Wijkstra, H., Pasma, H., and Stegenga, B., Predictors of Obstructive Sleep Apnea – Hypopnea Treatment Outcome. *Journal of Dental Research*, Vol. 86, No. 12, 1181-1186 (2), <http://jdr.sagepub.com/content/86/12/1181.abstract> (Last Accessed 12/10/15, 6/27/16)

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HNE Review Dates: 6/11/02, 4/8/03, 2/10/04, 2/8/05, 2/14/06, 2/13/07, 2/12/08, 2/10/09, 2/9/10/2/08/11, 1/31/12, 12/11/12, 2/12/13, 2/11/14, 2/10/15, 2/9/16, 9/13/16

MHI Review Date: 10/23/2014, 4/21/2016, 10/20/16

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Lettieri CJ, Paolino N, Eliasson AH, et al. Comparison of adjustable and fixed oral appliances for the treatment of obstructive sleep apnea. [Journal Article] *J Clin Sleep Med* 2011 Oct 15; 7(5):439-45. (Last Accessed 12/10/15, 6/27/16)

Holley AB, Lettieri CJ, Shah AA ,

Efficacy of An Adjustable Oral Appliance and Comparison to Continuous Positive Airway Pressure For the Treatment of Obstructive Sleep Apnea Syndrome. [Journal Article] *Chest* 2011; 140(6):1511-1516 (Last Accessed 12/10/15, 6/27/16)

Local Coverage Determination for Oral Appliances for Obstructive Sleep Apnea (L28603)

<http://www.medicarenhic.com/viewdoc.aspx?id=1656>

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