Medica Coverage Policy

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy
Tongue base suspension surgery for the treatment of obstructive sleep apnea and all other disorders is investigative and therefore NOT COVERED.

Note: See also related Medica coverage policies: Actigraphy, Home Sleep Studies, Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea, Home Use of Bilevel Positive Airway Pressure (Bilevel PAP), Home Use of Continuous Positive Airway Pressure (CPAP), Implanted Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea, Palatal Implants for Obstructive Sleep Apnea, Radiofrequency Volumetric Tissue Reduction (RFVTR) for Breathing Disorders, and Uvulopalatoplasty for Sleep Disorders.

Description
Obstructive sleep apnea (OSA) is a disorder in which breathing stops periodically during sleep. Symptoms and effects of untreated OSA can include daytime sleepiness, headaches, increased risk of stroke, increased risk of death due to heart disease, impaired concentration, and increased risk for motor vehicle accidents. Tongue base or lingual suspension procedures are intended to keep the tongue from falling back over the airway during sleep and are intended as a treatment for OSA. The procedures involve the insertion of a screw into the lower jaw and tethering of a suture or ribbon to advance and stabilize the tongue to prevent it from occluding the airway during sleep.

FDA Approval
The Repose® Bone Screw System was approved by the FDA on August 27, 1999, as an intraoral device for snoring and intraoral device for snoring and obstructive sleep. The Repose® brand was changed to AIRvance in 2011. In 2011, the FDA approved the ENCORE Tongue Suspension System (Siesta Medical, Inc.) The AirLift procedure is done using the Encore System.
Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:
41512 - Tongue base suspension, permanent suture technique

Original Effective Date: 9/1/2011

Re-Review Date(s):
6/18/2014
6/21/2017
5/23/2019 – Administrative update. Revision to FDA Approval section