



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Obstructive Sleep Apnea (OSA) Syndrome

Benefit

Medical and surgical treatments for obstructive sleep apnea syndrome are in benefit.

Interpretation

Obstructive Sleep Apnea (OSA) syndrome consists of a collection of symptoms including daytime sleepiness, fatigue, snoring, and restless sleep with a disrupted sleep pattern. Significantly disrupted sleep patterns are associated with such physiologic findings as oxygen (O₂) desaturation or cardiac arrhythmia.

Apnea is cessation of breathing and can be:

1. Obstructive: Air flow ceases but respiratory effort continues
2. Central: Cessation of respiratory effort without evidence of airway obstruction
3. Mixed: Cessation of both air flow and respiratory effort

Sleep apnea is best evaluated in a sleep study lab designed specifically to measure various body functions as the member sleeps. Such a lab should be able to measure and record:

- Muscle and eye movements
- Airway flow
- EKG
- Chest movements
- Blood oxygen concentrations (oximetry)
- Leg movements
- Snoring sounds

Collectively these sleep studies are called polysomnography, which is in benefit. Polysomnograms can also be done in the member's home, as deemed medically necessary by the Primary Care Physician.

A member with OSA syndrome will usually have more than one of the following. Only a rare member will have all findings in a single sleep session.

- Apnea episodes extending for at least 20 seconds each
- 5 or more apnea episodes per hour
- Oxygen saturation below 90% during at least some of the apnea episodes
- Potential life threatening cardiac arrhythmias associated with the apnea episodes

Medical and surgical treatments for OSA are in benefit. Medical treatment may include the following:

- Weight loss - Many members with OSA are obese. Weight loss is the appropriate initial treatment for any such member.
- Thornton Adjustable Positioner (TAP) retainers – These are made by a dentist to place in the mouth at night to sleep instead of using a c pap machine.
- Positive Airway Pressure (PAP) Devices - These devices, including medically necessary accessories, are covered as DME. They have multiple clinical indications, and currently constitute the major treatment modality for any OSA member with reversible airway obstruction. These devices supply air under pressure through a tight-fitting mask to overcome obstruction. These devices can be classified as:
 - Continuous (CPAP) devices. These provide constant air pressure levels.
 - Bi-Level (BIPAP) devices provide two levels of pressure alternately.
 - Demand (DPAP) devices continuously alter pressure in response to member's own breathing cycle.

Surgical treatments include any procedure designed to remove or correct any identifiable airway obstruction. Such procedures may include:

- Tonsillectomy and adenoidectomy
- Uvulopalatopharyngoplasty (UPPP) when there is clear documentation of pharyngeal narrowing.
- Mandibular and maxillary advancement procedures for members who fail to respond to UPPP.

Paid by:	Professional Charges	IPA
	Diagnostic Testing	IPA
	Facility Charges (outpatient diagnostic testing or medical treatment)	IPA
	Inpatient and/or Outpatient Surgical Facility Charges	HMO
	Equipment Charges (from contracted provider)	HMO
	Equipment Charges (from a non-contracted provider)	IPA

Benefit Variation

Benefit Plan DIRPI- Equipment excluded

Note: Effective July 1, 2011, for the State of Illinois members only, Durable Medical Equipment (DME) will be paid at 80% and the member will pay the remaining 20%. The employer group numbers affected are: H06800, H06801, H06802, H06803, B06800, B06801, B06802 and B06803.

Note: Blue Precision HMOSM and BlueCare DirectSM have a separate contracted provider list for Durable Medical Equipment (DME) and Orthotic and Prosthetic devices.

Note All DME exception requests must be submitted prospectively to the CAU. See the instructions located on the Introduction page of this section of the Provider Manual. It is the intent of the CAU to respond to your requests within two business days.

Note: Effective July 1, 2013, Medicare Primary members must use a Medicare Contracted Provider to ensure coverage by Medicare. If submitting the claim to the HMO for coordination of benefits and the provider is not an HMO contracted provider – stamp the claim group approved and indicate in writing “Medicare Contracted Billing.”