

# 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 (O<sub>2</sub>) 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 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.
- INSPIRE - Upper Airway Stimulation (UAS) is a surgically implanted device that treats moderate to severe Obstructive Sleep Apnea (OSA) in adults who are unable to use or benefit from CPAP. INSPIRE is intended for members who are 18 years or older and have a BMI < 40.

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

## Benefit Variation

**Note:** Benefit coverage and/or exclusions may vary for certain employer groups. To ensure current member benefit determination, please refer to the BCBS Benefit Matrix and/or contact customer service to confirm member coverage.

**Note:** Blue Precision HMO<sup>SM</sup> and BlueCare Direct<sup>SM</sup> 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.”