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PLANS IN SCOPE

Aspirus Health Plan

BACKGROUND & PURPOSE:

To provide coverage guidelines for occlusal orthotic devices (D7880), including mandibular advancement devices (MADs) and occlusal splints, used in the treatment of obstructive sleep apnea (OSA), temporomandibular disorders (TMD), and bruxism. This policy incorporates recommendations from published clinical guidelines issued by the American Academy of Sleep Medicine (AASM), American Academy of Dental Sleep Medicine (AADSM), American Academy of Orofacial Pain (AAOP), National Institute for Health and Care Excellence (NICE), and other recognized bodies.

COVERAGE INDICATIONS:

Obstructive Sleep Apnea

Custom-fabricated, titratable mandibular advancement devices (MADs) are considered medically necessary for adult patients with documented OSA when all of the following criteria are met:

- Diagnosis of OSA confirmed by polysomnography or home sleep apnea testing.
- CPAP therapy has been attempted and is either ineffective, contraindicated, or not tolerated.
- Oral appliance therapy is prescribed by a board-certified sleep medicine physician.
- The device is custom-fabricated and fitted by a qualified dentist trained in dental sleep medicine.

Supporting Evidence:

- MADs are effective alternatives to CPAP for patients with mild to moderate OSA and for those intolerant to CPAP.
- AASM/AADSM Joint Clinical Practice Guideline (2015); the NICE Guideline (2021); and VADoD Clinical Support Tool (2020) recommend MADs for adults intolerant of CPAP or preferring alternate therapy. CPAP remains first-line, but MADs are effective second-line options.

Temporomandibular Disorders (TMD)

Occlusal splints are covered for patients with moderate to severe TMD when:

- Diagnosis of myogenous or arthrogenous TMD is documented.
- Conservative treatments (e.g., NSAIDs, physical therapy, behavioral therapy) have failed.
- Short-term use (typically ≤ 3 months) is prescribed with documented clinical improvement.
- Ongoing evaluation and follow-up are provided by a qualified provider.

Supporting Evidence:

- Splint therapy may provide modest benefit in pain reduction and functional improvement, particularly when combined with other conservative therapies.
- AAOP Guidelines recommend stabilization splints as part of conservative, reversible treatment. Repositioning splints should be used cautiously.

Bruxism

Occlusal splints may be covered when bruxism is associated with a diagnosed medical condition (e.g., TMD) and meets the criteria above. Standalone bruxism treatment is generally considered dental and not covered unless:

- Bruxism results in significant medical complications (e.g., myofascial pain, sleep disruption).
- The device is custom-fabricated and prescribed by a qualified provider.

Supporting Evidence:

- Splint design (material and thickness) affects outcomes. Soft splints may improve sleep quality and reduce bite force more effectively than hard splints.
- Botulinum toxin injections may offer superior pain relief in severe bruxism-related myofascial pain.
- AASM Sleep Disorder Classification (2014) recognizes sleep bruxism as a movement disorder; splints recommended to prevent dental damage.
- AAOP Guidelines denote splints appropriate for symptomatic bruxism; behavioral therapy and stress management also recommended.

Exclusions

The following are not covered:

- Prefabricated or non-custom oral appliances.
- Oral appliances used solely for snoring without documented OSA.
- Oral appliances for bruxism without associated medical complications.
- Irreversible occlusal therapies (e.g., permanent bite alteration).
- Oral appliances used for central sleep apnea.

Documentation Requirements

Medical records must include:

- Diagnostic test results (e.g., sleep study for OSA).
- Documentation of prior treatment attempts and outcomes.
- Prescription from a qualified provider.
- Fitting and follow-up documentation from a qualified dentist.

Provision of records does not guarantee coverage.

DEFINITIONS

Occlusal Orthotic Device (D7880): A custom-fabricated intraoral appliance designed to modify occlusal relationships and/or mandibular positioning to treat specific medical conditions.

Mandibular Advancement Device (MAD): A type of occlusal device used to treat OSA by advancing the lower jaw to maintain airway patency.

Temporomandibular Disorders (TMD): Conditions affecting the temporomandibular joint and associated musculature, often resulting in pain and dysfunction.

Bruxism: Involuntary grinding or clenching of teeth, typically during sleep.

APPLICABLE CODES

HCPCS Code	Description
D7880	Occlusal orthotic device
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment.

POLICY/REVISION HISTORY

Date	Summary of Changes	Approval By
03/11/25	Initial Policy Development	Optum Medical and Pharmacy Subcommittee

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Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

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- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີຜົນໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).