



## Medica Central Coverage Policy

**Policy Name:** Palatal Implants for Obstructive Sleep Apnea MP9754

**Effective Date:** 09/01/2025

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other 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 other government programs, 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 may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

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

### Coverage Policy

Palatal implants for obstructive sleep apnea are investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

### Description

Palatal implants consist of three woven polyester cylinders that are inserted in the soft palate with the intent of stiffening its structure. The goal of this treatment is to reduce the number and/or severity of episodes of apnea or hypopnea during sleep. In an episode of apnea, breathing stops for periods of 10 seconds or more. Hypopnea occurs when airflow is disrupted for a period of time, causing oxygen levels in the body to decrease. The procedure is generally performed under local anesthetic on an outpatient basis. It is performed as a stand-alone procedure or in combination with other procedures to treat obstructive sleep apnea.

### FDA Approval

The Pillar Palatal Implant System (Medtronic Xomed, Inc.) received 510(k) FDA approval in July 2004 for the reduction of the incidence of airway obstructions in patients suffering from mild to moderate obstructive sleep apnea.

### 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.



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### 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

- **42299** - Unlisted procedure of the palate
- **C9727** - Insertion of implants into the soft palate: minimum of 3 implants

	<b>Committee/Source</b>	<b>Date(s)</b>
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