



## Medica Central Coverage Policy

**Policy Name:** Tongue Based Suspension Surgery for Obstructive Sleep Apnea MP9752

**Effective Date:** 11/01/2025

### 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

Tongue base suspension surgery for the treatment of obstructive sleep apnea and all other disorders is 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.

**Note:** See also related coverage policies: *Actigraphy, Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea, Home Use of Bilevel Positive Airway Pressure (Bilevel PAP) for Conditions Other Than Obstructive Sleep Apnea, Palatal Implants for the Treatment of Obstructive Sleep Apnea, Radiofrequency Volumetric Tissue Reduction (RFVTR) for Obstructive Sleep Apnea, and Uvulopalatoplasty (UP2, UPP) and Laser-Assisted Uvulopalatoplasty (LAUP) for Sleep-Related Breathing Disorders and Home Use of Continuous Positive Airway Pressure (CPAP).*

See also related utilization management policy: *Implanted Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea (III-SUR.43).*

### Description

Obstructive sleep apnea (OSA) is a disorder in which breathing stops periodically during sleep. In this procedure, the base of the tongue is suspended with a suture that is passed through the tongue and then anchored to a screw that has been placed in the lower jaw. Tongue base or lingual suspension procedures are intended to keep the tongue from falling back and blocking the airway during sleep and are intended as a treatment for OSA.

### FDA Approval

The Repose® Bone Screw System (Medtronic) was approved by the FDA on August 27, 1999, as



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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. The most recent clearance from the Center for Devices and Radiological Health (CDRH) 510(k) for the Encore System was granted to Siesta Medical, Inc. on December 22, 2021. The Encore System is intended for anterior advancement of the tongue base and hyoid suspension and is indicated for the treatment of OSA and/or snoring.

### 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

Document	Committee/Source	Date(s)
<b>Created:</b>	Medical Policy Committee/Health Services Division	January 17, 2024
<b>Revised:</b>	Medical Policy Committee/Health Services Division	August 21, 2024
<b>Reviewed:</b>	Medical Policy Committee/Health Services Division	August 21, 2024

Original Effective Date: 05/01/2024

Re-Review Date(s): 06/18/2025

Administrative Update(s):

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