

Sleep Services - Ontario

Home Sleep Test (HST) – Level 3

1. Polysomnography is the gold standard for diagnosis, therefore there is no coverage available for HSTs through the Ontario Health Insurance Plan (OHIP) or private medical healthcare insurance
2. Few sleep labs dispense HSTs; it is offered only upon a physician's request: Patient pays out-of-pocket for the HST (average price \$150)

In-lab Polysomnogram (PSG) – Level 1

1. Fully covered by OHIP (2 studies annually, every 2 years)
 - a. Sleep lab facility can be publicly funded or privately owned
 - b. Dentists can refer their patients to a sleep lab for PSG testing

CPAP Therapy (CPAP)

1. Co-payment coverage is provided through OHIP only if the patient was diagnosed following a PSG: OHIP contributes 75%, if CPAP provider is registered with the Assisted Devices Program (ADP); the patient's private medical healthcare insurance covers the remaining cost

Oral Appliance Therapy (OAT)

1. No coverage available through OHIP's ADP
2. Coverage for OAT available through private medical healthcare insurance
 - a. Dental practices perform pre-authorizations for patients however, in some cases the patient is asked to pay upfront and submit the claim to their insurance provider (Health spending account)
 - b. Coverage will be considered under the following conditions:
 - i. A request has been submitted for pre-determination
 - ii. Patient trialed CPAP for a minimum of 3 months and was deemed non-compliant (based on Non-Insured Health Benefits criteria)
 - iii. Current 12 month prescription for OAT is available
 - iv. OAT has been requested within 24 months of the CPAP trial

Insurance Provider	Market Share	OAT Coverage
Blue Cross	10%	60-80%
Great West Life	21%	80-100%
Green Shield Canada	4%	80-100%
Manulife	22%	80-100%
Sunlife	23%	60-80%

The Public Service Health Plan (Sunlife) will cover OAT when CPAP or BiPAP cannot be tolerated; limit is one appliance every 5 years less all eligible dental appliance repairs over the 5 year period

Note: Percentage of OAT coverage is dependant on the policyholder’s plan.

Dental procedures, related to the provision of OAT, have been successfully billed under the following dental codes:

Dental Code	Dental Procedure
14901, 14101	Intra-oral appliance for diagnosed sleep apnea condition
99111	Lab services for fabricating the oral appliance device

Documents Required by the Patient to Support OAT Claim

- Physician’s referral for the HST
- Sleep physician’s interpretation of the HST
- Physician’s prescription for OAT

Disclaimer: This information is intended to provide general background only. Coverage varies from province-to-province and payer-to-payer. Payer policy, billing, and coding guidelines change on a regular basis and it is the provider’s responsibility to seek specific directions and guidelines from their third party payers. Use of the information in these documents does not guarantee coverage or prior-authorization approval. Zephyr Sleep Technologies, Inc. will not be held liable for any denials, unpaid claims or loss of income that may result from a provider referencing this information.