

DON'T SLEEP ON NAO: OVERCOMING BARRIERS TO OSA TREATMENT AND COVERAGE



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“Addressing nasal airway obstruction isn't just an adjunct therapy – it's essential for optimizing sleep treatments and ensuring adherence.”

Reimbursement challenges remain central in sleep medicine, particularly for obstructive sleep apnea (OSA) treatments. At the same time, nasal airway obstruction (NAO) is a major but often overlooked barrier to successful OSA therapy. Research indicates that up to 70% of OSA patients suffer from NAO conditions, yet treatment pathways often fail to address this overlap.¹ Patients with untreated NAO frequently struggle with CPAP and oral appliances due to persistent nasal resistance, undermining treatment efficacy and reducing compliance. Addressing NAO isn't just an adjunct therapy – it's essential for optimizing sleep treatments and ensuring adherence. As insurers and healthcare providers increasingly recognize this, we as ENTs must advocate for NAO treatment as a key component of comprehensive sleep care while strategically navigating reimbursement to ensure patient access.

Clinical evidence strongly supports NAO treatment in improving sleep outcomes. VivAer®, a minimally invasive option, has shown durable benefits, with an 87.4% responder rate and a 58.9% NOSE score reduction three years post procedure. In Aerin Medical's VATRAC study, VivAer also improved daytime sleepiness, with ESS scores decreasing by -4.9 overall and -8.8 in patients with baseline ESS scores of 11 or higher. These outcomes are particularly relevant for reimbursement, as reductions in ESS – a secondary endpoint – could become a key factor in coverage, especially given links between excessive sleepiness and higher risks of motor vehicle and workplace accidents.²

Strong documentation is key to both securing reimbursement and shaping payer policies. Insurers require not only broad clinical evidence but also case-specific documentation proving medical necessity – especially for NAO-related procedures, where coverage policies are still evolving. By carefully documenting sleep study findings, failed treatments, and measurable improvements in CPAP adherence, sleep quality, and daytime function, ENTs can build a stronger case for reimbursement. Consistent reporting of outcomes over time may also help expand payer acceptance of NAO treatment.

“Strong documentation is key to both securing reimbursement and shaping payer policies, ensuring broader access to effective treatments.”

Beyond documentation, we must actively advocate for our patients and practices. Engaging with insurers, collaborating with professional societies, and leveraging real-world data can help drive policy changes. Partnering with patient advocacy groups strengthens these efforts, pushing for broader access to effective treatments. Staying informed on evolving payer policies ensures ENTs remain prepared to navigate reimbursement complexities. By demonstrating the impact of NAO treatment on sleep outcomes, we can help establish these interventions as essential in sleep medicine – and secure the coverage needed to make them widely accessible.

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