Description:

Central sleep apnea (CSA) is a disorder characterized by repetitive cessation or decrease of breathing effort and airflow during sleep. CSA may be primary (i.e., idiopathic) or secondary (i.e., associated with an underlying medical cause). CSA treatment may include continuous positive airway pressure (CPAP) or supplemental oxygen during sleep.

The Respicardia Remede® system, an implantable neurostimulator system, has been investigated as a treatment for CSA. A transvenous implantable lead delivers electrical stimulation to the phrenic nerve to stimulate the diaphragm and to restore a natural breathing pattern. The Remede system includes wires for sensing and stimulation, a neurostimulation device and a portable tablet programmer.
IMPLANTABLE NEUROSTIMULATOR FOR THE TREATMENT OF CENTRAL SLEEP APNEA (cont.)

Criteria:

For surgical treatment of snoring and obstructive sleep apnea syndrome, see BCBSAZ Medical Coverage Guideline #O781, “Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome”.

For diagnosis and medical management of obstructive sleep apnea syndrome, see BCBSAZ Medical Coverage Guideline #O782, “Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome”.

- Implantable neurostimulator for the treatment of central sleep apnea is considered experimental or investigational based upon:
  1. Lack of final approval from the Food and Drug Administration, and
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  3. Insufficient evidence to support improvement of the net health outcome, and
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  5. Insufficient evidence to support improvement outside the investigational setting.

These stimulators include, but are not limited to:

- Respicardia Remedē system
Resources:

Literature reviewed 08/30/16. We do not include marketing materials, poster boards and non-published literature in our review.


