Sentara Health Plans

Medicaid

Obstructive Sleep Apnea Devices, DME 250

Table of Content

Effective Date	6/1/2026
Next Review Date	6/2027
Coverage Policy	DME 250
Version	4

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Obstructive Sleep Apnea (OSA) is a sleep related breathing disorder that concerns a decrease or complete halt in airflow regardless of ongoing efforts to breathe.

Apnea Hypopnea Index (AHI) is the number of Apneas plus the number of Hypopneas during the entire sleeping period, times 60, divided by total sleep time in minutes; unit: event per hour (AASM Scoring Manual).

eXciteOSA is an oral, removable tongue stimulation device that delivers neuromuscular electrical stimulation (NMES) to reduce snoring and mild obstructive sleep apnea.

Oral Appliances are devices inserted into the mouth for treatment of snoring or OSA which are prefabricated (ready-made), or custom made.

Positional obstructive sleep apnea (POSA) devices to treat snoring and OSA for individuals who sleep in a supine position, with sensor and vibrating to reposition.

Other common names: eXciteOSA, neuromuscular tongue muscle stimulator, (formerly Snoozeal), Daytime Neuromuscular Stimulation of the Tongue, intraoral NMES, POSA devices, Night Shift Sleep Positioner, Electronic Positional Devices

Criteria:

Obstructive Sleep Apnea Devices are considered not medically necessary and the current role remains uncertain, based on review of existing evidence, there are currently no clinical indications for this technology. Therefore, not medically necessary for any clinical indications, to include but not limited to:

- Daytime Neuromuscular Stimulation of the Tongue
- Electronic Positional Devices for the Treatment of Obstructive Sleep Apnea
- eXciteOSA
- Expiratory muscle strength training for the treatment of OSA
- Neuromuscular Electrical Training device for OSA
- NightBalance
- Positional therapy/POSA devices
- Zzoma positional device

Document History:

Revised Dates:

- 2025: May – Implementation date of August 1, 2025. Rename policy, add codes and definitions
- 2023: November

Reviewed Dates:

- 2026: February – Implementation date of June 1, 2026. Annual review. No changes to criteria. Update references.
- 2024: October – no changes references updated

Origination Date: November 2023

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products:
  - Policy is applicable to Sentara Health Plan Virginia Medicaid products.
- Authorization requirements:
  - Pre-certification by the Plan is required.
- Special Notes:
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should

discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
- **Documentation Requirements** DME Chapter IV (updated 12.5.25)_Final.pdf appendix-b-21-excel-version-with-all-categories-of-appendix-b-july-2025.xlsx
    - All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other health care professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
    - The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
    - The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.
- **Repair vs. Replacement Guidelines**
    - If individual owned equipment needs to be replaced prior to the service limit (Per Appendix B) expiring the provider will be required to justify and obtain service authorization.
    - Documentation for service authorization should include the required information as stated in this manual and the provider shall also include additional documentation as stated below:
        - What equipment the individual is currently using and why that equipment is no longer appropriate for the individual. This description shall include the reason why repairs could not be done or why the option to repair the equipment was not cost effective.
        - The provider shall include a breakdown of what items need to be repaired and include the cost to repair the items to justify why the purchase of new equipment would be more cost effective; and
        - If the item is no longer appropriate due to a change in medical condition, limitations and symptoms, or if the equipment was provided inappropriately, the provider shall give justification to describe the circumstances.
    - **Rental vs. Purchase Guideline**
        - When determined to be cost effective by SHP, payment may be made for rental of the equipment in lieu of purchase. (12 VAC 30-50-165)
        - When usage is anticipated to be long-term, and the individual's need or condition is not expected to change, the items must be considered for purchase

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2026). Retrieved 1 2026, from Hayes: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Obstructive%2520Sleep%2520Apnea%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%25

(2026). Retrieved 1 2026, from Aetna: https://www.aetna.com/search-results.html?query=Obstructive+Sleep+Apnea+device&offset=0

(2026). Retrieved 1 2026, from MCG - 29th Edition: https://careweb.careguidelines.com/ed29/index.html

(2026). Retrieved 1 2026, from CMS: https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Obstructive+Sleep+Apnea&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&smartSearch=N

(2026). Retrieved 1 2026, from DMAS: https://dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/#searchCPT & https://dmas.virginia.gov/media/rkncev3f/appendix-b-apnea-respiratory-oxygen-and-vents-f2f-june-2025.pdf

Obstructive sleep apnea: Overview of management in adults. (2025, 12). Retrieved 1 2026, from UpToDate: https://www.uptodate.com/contents/eustachian-tube-dysfunction?search=Eustachian%20Tube%20Balloon%20Dilation&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

Sleep Disorder Management. (2025, 11). Retrieved 1 2026, from Anthem - Carelon: https://guidelines.carelonmedicalbenefitsmanagement.com/sleep-disorder-management-2025-11-15/

Sleep Disordered Breathing Diagnosis and Treatment Guidelines. (2025, 6). Retrieved 1 2026, from Cigna - EviCore: https://www.evicore.com/sites/default/files/clinical-guidelines/2025-05/Cigna_Sleep%20Disordered%20Breathing%20Diagnosis%20%26%20Treatment%20Guidelines_V1.0.2025_Eff06.01.2025_pub02.21.25_upd05.23.2025.pdf

Standards and Guidelines. (2025). Retrieved 1 2026, from American Academy of Sleep Medicine (AASM): https://aasm.org/standards-guidelines

Keywords:

SHP, tongue muscle stimulation, oral devicee, eXciteOSA, neuromuscular tongue muscle stimulator, (formerly Snoozeal), Daytime Neuromuscular Stimulation of the Tongue, intraoral NMES, POSA devices, Night Shift Sleep Positioner, Electronic Positional Devices