Sentara Health Plans

Medicaid

Obstructive Sleep Apnea Devices, DME 250

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Effective Date	8/1/2025
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Coverage Policy	DME 250
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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:

- 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

U.S. Food and Drug Administration (FDA) - approved only products only.

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.

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:
  - Medicaid
    - 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.
    - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

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).

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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