

Obstructive Sleep Apnea Devices, DME 250

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[Coverage Policy](#) DME 250
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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details ^{*}.

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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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 Commercial products.
 - See Surgical Treatment for Obstructive Sleep Apnea (OSA), Surgical 18 for Hypoglossal Nerve Stimulation
- Authorization requirements
 - Pre-certification by the Plan is required.
- Special Notes:
 - Commercial
 - 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.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

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<https://nightshifttherapy.com/#:~:text=A%3A%20The%20Center%20for%20Medicare,to%20cover%20Night%20Shift%20accessories.>

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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