

Obstructive Sleep Apnea Oral Devices, DME 250

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Effective Date 11/2023

Next Review Date 10/2025

Coverage Policy DME 250

Version 2

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details*.

Purpose:

This policy addresses the medical necessity of Obstructive Sleep Apnea Oral Devices.

Description & Definitions:

eXciteOSA is a removable tongue muscle stimulation device that delivers neuromuscular stimulation to the tongue in order to reduce snoring and mild obstructive sleep apnea (AHI<15) for patients that are 18 years or older.

Criteria:

There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

eXciteOSA

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description	

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E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote (appears to be replacing K1028)
E4091	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 (appears to be replacing K1029)

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

Document History:

Revised Dates:

2023: November

Reviewed Dates:

• 2024: October – no changes references updated

Effective Date: November 2023

References:

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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Sleep Apnea. (2024). Retrieved 9 2024, from American Sleep Apnea Association (ASAA): https://www.sleephealth.org/asaa/sleep-apnea-information-for-clinicians/

Special Notes: *

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This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. 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.

Keywords:

SHP, tongue muscle stimulation, oral device

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