

## **Obstructive Sleep Apnea Devices, DME 250**

Table of ContentDescription & DefinitionsCriteriaDocument HistoryCodingSpecial NotesReferencesKeywords

Effective Date	8/1/2025
<u>Next Review Date</u>	5/2026
<u>Coverage Policy</u>	DME 250
<u>Version</u>	3

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

#### **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:

counig.	
Medically necessa	ry 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 (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)
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 Medicare products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
  - Medicare:
    - 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.

#### **References:**

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(LCD) Oral Appliances for Obstructive Sleep Apnea L33611. (2021, 8). Retrieved 4 2025, from CMS Local Coverage Determination: <u>https://www.cms.gov/medicare-coverage-</u>database/view/lcd.aspx?lcdid=33611&ver=25&bc=0

(2025). Retrieved 4 2025, from Hayes:

https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522OSA%2520devices%2522,%2522title% 2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%25 22size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%

28th Edition. (2025). Retrieved 3 2025, from MCG: https://careweb.careguidelines.com/ed28/

Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnea and Snoring with Oral Appliance Therapy: An Update for 2015. (2015, 7). Retrieved 4 2025, from American Academy of Sleep Medicine (AASM) Practice Guidelines: <u>https://jcsm.aasm.org/doi/10.5664/jcsm.4858</u>

Code Search. (2025). Retrieved 4 2025, from Optum - EncoderPro: https://www.encoderpro.com/epro/allAnnotationsHandler.do? k=102\*E0530& a=listRelated&idxpopup=false

Criteria for oral appliance and/or supine avoidance therapy selection based on outcome optimization and costeffectiveness. (2021). Retrieved 4 2025, from Journal of Medical Economics: <u>https://doi.org/10.1080/13696998.2021.1930549</u>

Diagnosis and Treatment of Obstructive Sleep Apnea in Adults. (2016). Retrieved 4 2025, from American Family Physician (AFP): <u>https://www.aafp.org/pubs/afp/issues/2016/0901/p355.html</u>

Durable Medical Equipment (DME). (2025). Retrieved 4 2025, from DMAS: <u>https://www.dmas.virginia.gov/for-providers/benefits-services-for-providers/long-term-care/services/durable-medical-equipment/</u>

Emerging Technology: OSA Treatment Alternatives – Side-by-Side Comparison. (2021, 7). Retrieved 4 2025, from American Academy of Sleep Medicine Emerging Technology Committee: <u>https://aasm.org/wp-content/uploads/2021/10/Montage\_Tech\_Article\_Supplemental\_Content\_21.pdf</u>

Excite OSA. (2025). Retrieved 4 2025, from Excite OSA: https://exciteosa.com/healthcare-professionals/

NCD: Durable Medical Equipment Reference List 280.1. (2023, 9). Retrieved 4 2025, from CMS - National Coverage Determination (NCD): <u>https://www.cms.gov/medicare-coverage-</u>

<u>database/view/ncd.aspx?ncdid=190&ncdver=3&keyword=Durable%20Medical%20Equipment&keywordType=star</u> <u>ts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc</u> <u>=1</u>

Night Shift Sleep Positioner for Neck or Chest. (2025). Retrieved 4 2025, from Night Shift Sleep Positioner for positional obstructive sleep apnea (POSA):

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

OSA - Obstructive Sleep Apnea | Device. (2025). Retrieved 4 2025, from ClinicalTrials.GOV: <u>https://clinicaltrials.gov/search?cond=OSA%20-%20Obstructive%20Sleep%20Apnea&intr=Device&aggFilters=results:with</u>

Sleep Disordered Breathing Diagnosis and Treatment Guidelines. (2025, Effective June 1,2025). Retrieved 4 2025, from Cigna - Evicore: <u>https://www.evicore.com/sites/default/files/clinical-guidelines/2025-</u>02/Cigna Sleep%20Disordered%20Breathing%20Diagnosis%20%26%20Treatment%20Guidelines\_V1.0.2025 E <u>ff06.01.2025\_pub02.21.25.pdf</u>

SmartSleep - Snoring Relief Band. (2025). Retrieved 4 2025, from Philips: <u>https://www.usa.philips.com/c-p/SN3710\_60/smartsleep-snoring-relief-band</u>

### 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