Sentara® Health Plans

Medicare

Obstructive Sleep Apnea Oral Devices

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Effective Date	4/1/2024
Next Review Date	10/15/2024
Coverage Policy	DME 250
Version	1

Member specific benefits take precedence over medical policy. Coverage varies across plans. Coverage varies across plans. Refer to the individual's benefit plan for coverage details*.

Purpose:

This policy addresses 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:

Obstructive sleep apnea oral devices **do not meet the definition of medical necessity,** to include but not limited to:

- eXciteOSA

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

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

Document History:

Revised Dates:

Reviewed Dates:

- 2023: October

Effective Date:

- April 1, 2024

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD). (2022, Aug 18). Retrieved Nov 23, 2022, from MCG: https://careweb.careguidelines.com/ed26/index.html

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Durable Medical Equipment and Supplies Manual - Chapter IV: Covered Services and Limitations. (2022, Jul 13). Retrieved Sep 13, 2023, from Department of Medical Assistance Services: https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-10/Chapter-4%20Covered%20Services%20and%20Limitations%20%28DME%29.pdf

eXciteOSA without remote control, eXciteOSA with remote control. (2021, Feb 05). Retrieved Sep 18, 2023, from U.S. Food and Drug Administration: https://www.accessdata.fda.gov/cdrh_docs/pdf20/DEN200018.pdf

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adults?search=neuromuscular%20oral%20device&sectionRank=1&usage_type=default&anchor=H3579072185&source=machineLearning&selectedTitle=2~150&display_rank=2#H1297719269

Sleep Disorder Management. (2023, Sep 10). Retrieved Sep 19, 2023, from Carelon Medical Benefits Management: https://guidelines.carelonmedicalbenefitsmanagement.com/sleep-disorder-management-2023-09-10/

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 Center for Medicare and Medicaid Services (CMS). Medical Policies may be superseded by National or Local Coverage Determination (Medicare) 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 term DME is defined as equipment which, according to 42 CFR §414.202:

- Can withstand repeated use; i.e., could normally be rented and used by successive patients;
- Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years;
- Is primarily and customarily used to serve a medical purpose;
- Generally, is not useful to a person in the absence of illness or injury; and,
- Is appropriate for use in a patient's home.

https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=190

Keywords:

SHP, tongue muscle stimulation, oral device, Obstructive sleep apnea, excite, mobile application control, oral stimulation, durable medical equipment, DME 250