



Helpful hints for filing

Oral Appliances for the treatment of Obstructive Sleep Apnea (OSA)

HCPCS code E0485, E0486

Overview

The following information describes the Durable Medical Equipment Medicare Administrative Contractors (DME MAC) medical policy for oral appliances for treatment of obstructive sleep apnea (OSA). Coding, coverage, payment and documentation guidelines are listed on the following pages. This is to be used only as a guide.

For an item to be covered by Medicare, the following conditions apply: (1) item must be eligible for a defined Medicare benefit category, (2) item must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member; and (3) the item must meet all applicable Medicare statutory and regulatory requirements. Specific information regarding how Medicare determines when an oral appliance is reasonable and necessary for the treatment of OSA is detailed on the following pages.¹

For specific instructions, please reference your Supplier Manual or contact your Durable Medical Equipment Medicare Administrative Contractor (DME MAC) provider helpline.

Definitions

Apnea: Cessation of airflow for at least 10 seconds.

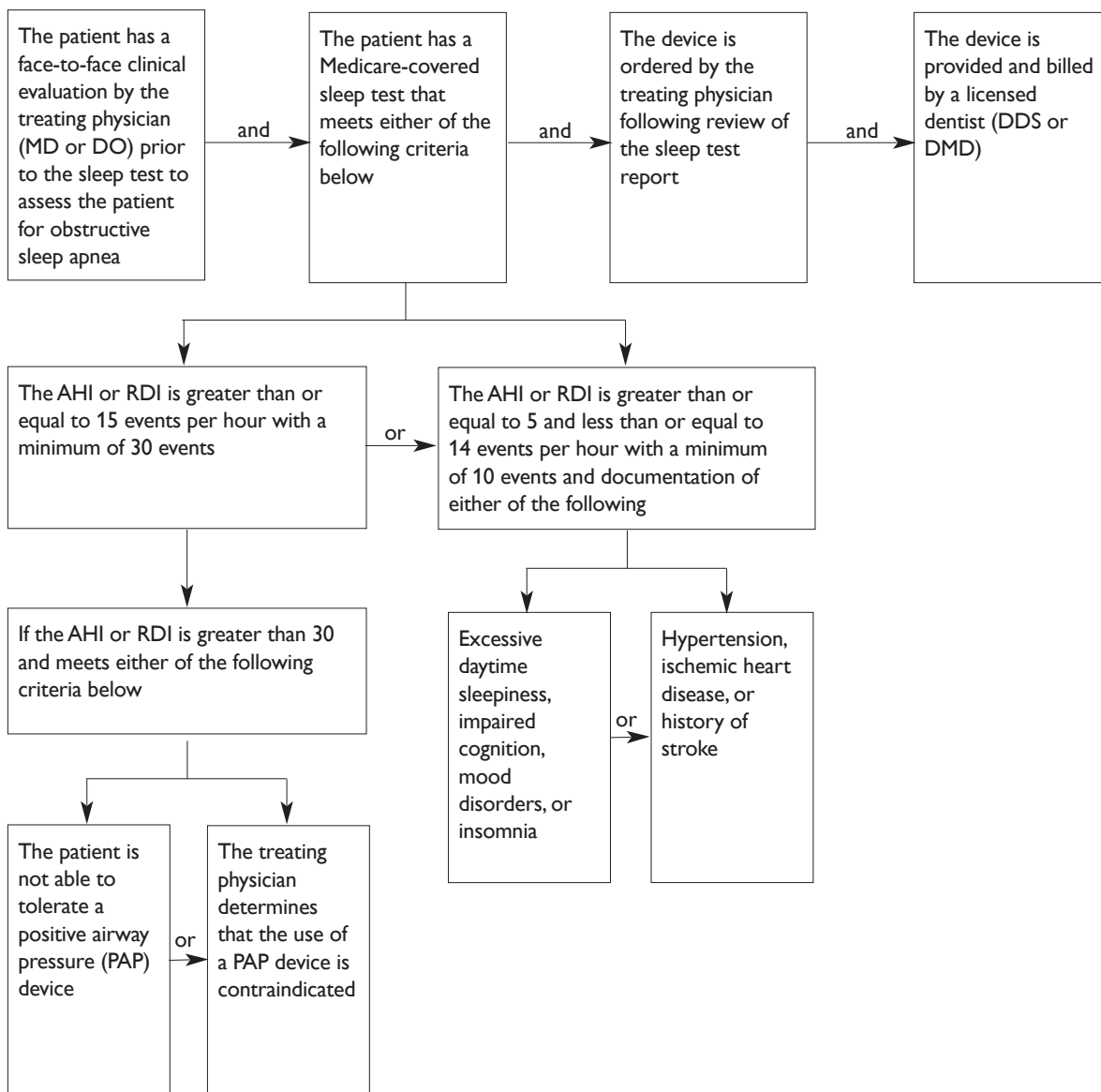
Hypopnea: An abnormal respiratory event lasting at least 10 seconds associated with at least a 30% reduction in thoracoabdominal movement or airflow as compared to baseline, and with at least a 4% decrease in oxygen saturation.

Apnea-hypopnea index (AHI): Average number of episodes of apnea and hypopnea per hour of sleep without the use of a positive airway pressure device.

Respiratory disturbance index (RDI): Average number of apneas plus hypopneas per hour of recording without the use of a positive airway pressure device.

Coverage guidelines

Starting January 1, 2011, Medicare will cover custom fabricated mandibular advancement oral appliances (E0486) according to a new Local Coverage Determination (LCD). These oral appliances will only be covered if it is used to treat obstructive sleep apnea and if all four of the following conditions below are met:



If all of these criteria are not met, the oral appliance will be denied as not medically necessary.

A prefabricated oral appliance (E0485) will be denied as not reasonable and necessary.

Medicare-covered sleep tests for oral appliances

Medicare limits coverage of a custom oral appliance to a diagnosis of OSA that is based upon a Medicare-covered sleep test. There are two main classes of sleep tests that Medicare may cover:

1. Facility based tests (Type I study); and
2. Home sleep tests (HST) (Types II, III, or IV)

Facility based tests (Type I)

Facility based tests can be done as either a whole night study for diagnosis only or as a split night study to diagnose and initially evaluate treatment. A Type I sleep test is the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep with physician review, interpretation, and report. It is facility-based and must include the following recordings as documentation of sleep staging: a 1-4 lead electroencephalogram (EEG), an

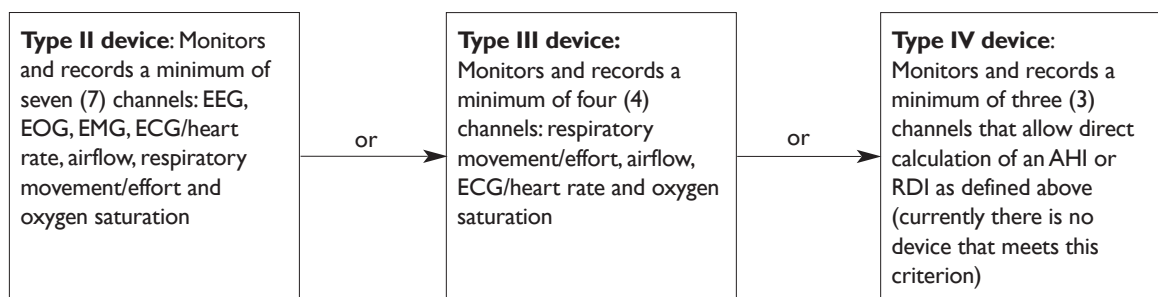
electrooculogram (EOG), submental electromyogram (EMG) and electrocardiogram (ECG). In addition, they must monitor the following parameters of sleep:

- Airflow
- Respiratory effort
- Oxygen saturation by oximetry

Home sleep tests (Type II, III and IV)

Home sleep tests are performed unattended at the patient's home using an acceptable portable monitoring device. Patients must receive instructions on how to use the device, either face-to-face or via video or teleconference. Instructions must be provided by the entity conducting the test, and not the DME supplier.

Acceptable portable monitoring devices for HST must meet one of the following criteria:



All tests must be ordered by the beneficiary's treating physician and conducted by an entity that qualifies as a Medicare provider of sleep tests and is in compliance with

all applicable state regulatory requirements. Interpretation of all sleep tests must be conducted by qualified physicians with special training in sleep medicine.

Coding guidelines for equipment and accessories

HCPCS code	Equipment	Description
E0485	Prefabricated oral appliance like the SnoreSilencer Pro	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated including fitting and adjustment
E0486	Custom fabricated mandibular advancement oral appliance	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated including fitting and adjustment

Documentation requirements

The following HCPCS modifiers may need to be included on claims for oral appliances:

and dated order has been received by the supplier must be submitted with an –EY modifier added to each affected HCPCS code.

–EY modifier

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed

–KX modifier

Suppliers must add a KX modifier to a code only if all of the coverage criteria of the policy are met.

*Quantities of supplies greater than those outlined in DME MAC policy as the usual maximum amounts will be denied as not medically necessary, in the absence of clear documentation supporting the medical necessity for the higher utilization. This information must be attached to a hard copy claim or entered into the narrative field of an electronic claim. Documentation in the patient record must corroborate the order and medical necessity of the items and quantities billed.

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For more information from Philips Respiroics

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CAUTION: US federal law restricts these devices to sale by or on the order of a physician.

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