ND

Medical Policies

Print

Policy Number:	E-20
Policy Name:	Devices Used for the Treatment of Sleep Apnea in Adults
Policy Type:	Medical
Policy Subtype:	Durable Medical Equipment (DME)
Effective Date:	09-15-2025

Description

Positive airway pressure (PAP) devices are indicated for use in the treatment of sleep apnea. PAP devices may improve quality of life in individuals with sleep apnea in adults. Close follow-up for PAP device usage and problems in individuals with sleep apnea by appropriately trained health care providers is indicated to establish effective utilization patterns and remediate problems if needed.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; and/or

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Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Auto-titrating Positive Airway Pressure (APAP) or Continuous Positive Airway Pressure (CPAP)

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

An APAP device or CPAP device may be considered medically necessary for the treatment of obstructive sleep apnea (OSA) in adults and covered as durable medical equipment when the following criteria are met:

APAP

- APAP during a two (2) week trial to initiate and titrate CPAP in adult individuals with a confirmed diagnosis of OSA.

CPAP

- Individuals have confirmed diagnosis of OSA (confirmed via a positive facility-based polysomnogram (PSG) or with a positive home/portable sleep test); **and**
- Apnea/hypopnea index (AHI) as follows:
  - Greater than or equal to 15 events per hour of sleep in an asymptomatic individual; **or**
  - Greater than five (5) events per hour of sleep in a symptomatic individual (e.g., sleepiness, fatigue, and inattention); **or**
  - Signs of disturbed sleep (e.g., snoring, restless sleep, and respiratory pauses).

APAP or CPAP devices not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedure Code

E0601

Bi-level Positive Airway Pressure(BiPAP) without back-up rate

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service

BiPAP without back-up rate may be considered medically necessary for the treatment of OSA in adults and may be considered as durable medical equipment when the following criteria are met:

- Individuals have confirmed diagnosis of OSA (confirmed via a positive facility-based PSG or with a positive home/portable sleep test); **and**
- AHI greater than or equal to 15 events per hour of sleep in an asymptomatic individual, **or**
  - Five (5) events per hour of sleep in a symptomatic individual (e.g., sleepiness, fatigue and inattention); **or**
  - Signs of disturbed sleep (e.g., snoring, restless sleep, and respiratory pauses) and **ONE** (1) of the following:
    - Individual has failed a prior trial of CPAP. If the individual is uncomfortable or intolerant of high pressures on CPAP, the individual may be tried on BiPAP. If there are continued obstructive respiratory events at 15 cm H2O of CPAP during the titration study, the individual may be switched to BiPAP; **or**
    - For whom BiPAP is found to be more effective in the sleep lab.

BiPAP without back-up rate devices not meeting the criteria as indicated in this policy are considered not

medically necessary.

Procedure Code

E0470

BiPAP with back-up rate

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

A BiPAP device with back-up rate is considered not medically necessary with the primary diagnosis of OSA, in adults.

Procedure Code

E0471

Central Sleep Apnea

A positive airway pressure device (CPAP, BPAP-ST,) may be considered medically necessary for the first three (3) months of therapy for those individuals with central sleep apnea (CSA) that have had an attended polysomnogram, performed on stationary equipment **and** meet **ALL** of the following criteria:

- The diagnosis of CSA; **and**
- The exclusion of obstructive sleep apnea (OSA) as the predominant cause of sleep-associated hypoventilation; **and**
- For BPAP-ST, the ruling out of CPAP as effective therapy if OSA is a component of the sleep-associated hypoventilation; **and**
- Significant improvement of the sleep-associated hypoventilation with the use of either PAP device on the settings that will be prescribed for initial use at home, while breathing the individual's prescribed FIO2.

Intra-Oral Appliances

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Intraoral appliances (tongue-retaining devices or mandibular advancing/positioning devices) may be considered medically necessary in adult individuals with OSA when **ALL** of the following criteria are met:

- AHI greater than or equal to 15 events per hour of sleep in an asymptomatic individual or greater than five (5) events per hour of sleep in a symptomatic individual (e.g., sleepiness, fatigue, and inattention) **or** signs of disturbed sleep (e.g., snoring, restless sleep, and respiratory pauses); **and**
- A trial with CPAP has failed, is contraindicated, or the individual prefers alternate therapy; **and**
- The device is prescribed by a treating physician; **and**

- The device is custom fitted by qualified dental personnel; **and**
- There is absence of temporomandibular dysfunction or periodontal disease.

Intra-oral devices not meeting the criteria as indicated in this policy are considered not medically necessary.

There are many different types of appliances that basically fit into one of two (2) categories, tongue retaining appliances, and mandibular repositioning appliances. Payment may be made for one (1) appliance. Additional appliances should be denied as not medically necessary. However, replacement of an oral appliance may be considered medically necessary when the item has reached the end of its five (5) year reasonable use lifetime, or when wear and tear renders the item non-functioning and not repairable, and the item is no longer under warranty. It will be necessary for the provider to submit medical records and/or additional documentation to determine coverage in this situation.

Over the counter (OTC) or prefabricated intra-oral appliances to treat OSA are not considered to be appropriate therapy for OSA in any clinical situation and, therefore, are non-covered.

Note: CPAP has been shown to have greater effectiveness than oral appliances in general. This difference in efficacy is more pronounced for individuals with severe OSA, as oral appliances have been shown to be less efficacious in individuals with severe OSA than they are in individuals with mild-moderate OSA. Therefore, it is particularly important that individuals with severe OSA should have an initial trial of CPAP and that all reasonable attempts are made to continue treatment with CPAP, prior to the decision to switch to an oral appliance.

Procedure Codes

D9954	D9955	E0485	E0486	K1027	0964T	0965T
0966T						

Nasal Expiratory Positive Airway Pressure (EPAP)

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Nasal EPAP devices (e.g., Provent™, Theravent™) are considered experimental/investigational, and therefore, non-covered because the safety and/or effectiveness of this service cannot be established by review of the available published peer-reviewed literature.

Procedure Code

E1399

Oral Pressure Therapy (OPT)

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; and/or

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OPT devices (e.g., Winx® Sleep Therapy System) are considered experimental/investigational and, therefore, non-covered because the safety and/or effectiveness of this service cannot be established by review of the available published peer-reviewed literature.

Procedure Codes

A7002	A7047	E0600

Daytime Electrical Stimulation Devices

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Daytime electrical stimulation (eXciteOSA) of the tongue is considered experimental/investigational and, therefore, non-covered because the safety and/or effectiveness of this service cannot be established by review of the available published peer-review literature.

Procedure Codes

E0490	E0491	E0492	E0493

Sleep Positioning Trainer

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Sleep positioning trainer with vibration is considered experimental/investigational and, therefore, non-covered because the safety and/or effectiveness of this service cannot be established by review of the available published peer-review literature.

Procedure Code

E0530

Payment for the rental of a PAP device

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Payment will be made for the rental of a PAP device for the first three (3) months (rental period) from the original start date of therapy, when the above clinical criteria are met. Device expenses incurred during the first three (3) months of rental will be applied to the purchase price. Payment will be made for the purchase of the device when **BOTH** of the following criteria are met:

- Documented compliance with objective findings (i.e., compliance chip, telemonitoring, computer software) of device usage for three (3) consecutive months; **and**
- The individual is experiencing success in treatment.

Compliance monitoring equipment for CPAPs, APAPs, or BiPAPs (e.g., smart card, compliance chip, tele monitoring, and computer software) is considered an integral component of the function of the device and is not eligible for separate reimbursement.

Continued use beyond the first three (3) months of therapy

The medical records must also document objective findings of compliance information, (i.e. compliance chip, telemonitoring, computer software), confirming that the member has been adhering to PAP therapy and is benefiting from its use. Adherence to therapy is defined as use of PAP greater than or equal to four (4) hours per night on 70% of nights during a consecutive 30-day period anytime during the first three (3) months of initial usage.

Replacement of PAP Devices

Replacements of PAP devices for members with an existing diagnosis of OSA do not need a compliance chip if documentation of previous compliance, (i.e., compliance chip, telemonitoring, computer software), has been confirmed in the medical record.

Procedure Codes

E0470	E0471	E0601

Cleaning Devices

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

PAP devices have directions from the manufacturing company included for cleaning. CPAP sanitizer cleaning systems are considered convenience items and therefore non-covered.

Procedure Code

E1399

Accessories

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Accessories used with a positive airway pressure (PAP) device may be considered medically necessary when the criteria for the device are met. If the criteria are not met, the accessories are considered not medically necessary.

Liners

Liners are not interfaces for use with a PAP mask. Liners are products placed between the individual's skin and the PAP mask interface and are made of cloth, silicone or other materials. These are not considered 'interfaces' as defined in this policy.

Liners must not be billed as replacement interface for a PAP mask or as a replacement cushion for use on nasal mask interface.

A liner used in conjunction with a PAP mask is considered a comfort and convenience item and is considered a non-covered item or service.

There is no additional payment for liners used with a PAP mask.

A replacement cushion/pillow is not billable when supplying an ongoing replacement of the frame with cushion/pillow. Billing for each individual component is considered unbundling of these supplies. The allowance of a replacement mask interface every month is considered an exception and documentation should support the medical necessity.

Note: See the table below for the usual maximum amount of accessories considered to be medically necessary. A replacement device is not covered if due to misuse or abuse and is considered a non-covered service.

Accessories

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

A4604	1 per 3 months	Tubing with integrated heating element for use with positive airway pressure device
A7027	1 per 3 months	Combination oral/nasal mask, used with continuous positive airway pressure device, each

A7028	2 per 1 month	Oral cushion for combination oral/nasal mask, replacement only, each
A7029	2 per 1 month	Nasal pillows for combination oral/nasal mask, replacement only, pair
A7030	1 per 3 months	Full face mask used with positive airway pressure device, each
A7031	1 per 1 month	Face mask interface, replacement for full face mask, each
A7032	2 per 1 month	Cushion for use on nasal mask interface, replacement only, each
A7033	2 per 1 month	Pillow for use on nasal cannula type interface, replacement only, pair
A7034	1 per 3 months	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035	1 per 6 months	Headgear used with positive airway pressure device
A7036	1 per 6 months	Chinstrap used with positive airway pressure device
A7037	1 per 3 months	Tubing used with positive airway pressure device
A7038	2 per 1 month	Filter, disposable, used with positive airway pressure device
A7039	1 per 6 months	Filter, non-disposable, used with positive airway pressure device
A7044	1 per 3 months	Oral interface used with positive airway pressure device, each
A7045	1 per 3 months	Exhalation port with or without swivel used with accessories for positive airway pressure devices, replacement only

A7046	1 per 6 months	Water chamber for humidifier, used with positive airway pressure device, replacement, each

**Allowing for a three (3) month supply *Allows for a 10-day delivery before run-out

Quantities of supplies greater than those identified as the usual maximum amounts will be denied as not medically necessary.

Regardless of utilization, a supplier must not dispense more than a three (3) month quantity at a time.

Either a heated humidifier or a non-heated humidifier is eligible for use with a covered PAP device when prescribed by the treating physician to meet the needs of the individual.

Procedure Codes

A4604	A7027	A7028	A7029	A7030	A7031	A7032
A7033	A7034	A7035	A7036	A7037	A7038	A7039
A7044	A7045	A7046	A7049	A9270	E0561	E0562
E1399	S8186					

Professional Statements and Societal Positions Guidelines

According to the **American Academy of Sleep Medicine (AASM)** obstructive sleep apnea (OSA) in adults is defined as either:

- More than fifteen (15) apneas, hypopneas, or respiratory effort related arousals (RERAs) per hour of sleep (i.e., an apnea/hypopnea index (AHI) or respiratory disturbance index (RDI) greater than fifteen (15) events/hr.) in an asymptomatic individual; **or**
- More than five (5) apneas, hypopneas, or RERAs per hour of sleep (i.e., an AHI or RDI greater than five (5) events per hour) in an individual with symptoms (e.g., sleepiness, fatigue, and inattention), or signs of disturbed sleep (e.g., snoring, restless sleep, and respiratory pauses). More than 75 percent of the apneas or hypopneas must have an obstructive pattern.

The AASM classifies mild, moderate and severe OSA as:

- Mild OSA: AHI of 5-15
  - Involuntary sleepiness during activities that require little attention, such as watching TV or reading.
- Moderate OSA: AHI of 15-30
  - Involuntary sleepiness during activities that require some attention, such as meetings or presentations.
- Severe OSA: AHI of greater than 30
  - Involuntary sleepiness during activities that require more active attention, such as talking or driving.

Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnea and Snoring with Oral Appliance

Therapy (2015)

Recommendations:

1. We recommend that sleep physicians prescribe oral appliances, rather than no therapy, for adult individuals who request treatment of primary snoring (without obstructive sleep apnea). (STANDARD)
2. When oral appliance therapy is prescribed by a sleep physician for an adult individual with obstructive sleep apnea, we suggest that a qualified dentist use a custom, titratable appliance over non-custom oral devices. (GUIDELINE)
3. We recommend that sleep physicians consider prescription of oral appliances, rather than no treatment, for adult individuals with obstructive sleep apnea who are intolerant of CPAP therapy or prefer alternate therapy. (STANDARD)
4. We suggest that qualified dentists provide oversight- rather than no follow-up-of oral appliance therapy in adult individuals with obstructive sleep apnea, to survey for dental-related side effects or occlusal changes and reduce their incidence. (GUIDELINE)
5. We suggest that sleep physicians conduct follow-up sleep testing to improve or confirm treatment efficacy, rather than conduct follow-up without sleep testing, for individuals fitted with oral appliances. (GUIDELINE)
6. We suggest that sleep physicians and qualified dentists instruct adult individuals treated with oral appliances for obstructive sleep apnea to return for periodic office visits- as opposed to no follow-up-with a qualified dentist and a sleep physician. (GUIDELINE).

Diagnosis Codes

Covered *sleep apnea* Diagnosis Codes for Procedure Code E0601

G47.31	G47.32	G47.33	G47.34	G47.35	G47.36	G47.37

Non-Covered Diagnosis Code for Procedure Code E0471

G47.33

CURRENT CODING

CPT:

0964T	I&CUST PREP JAW XPNSJ ORAL PROSTH 1 ARCH	Medicaid Expansion
0965T	I&CUST PREP JAW XPNSJ ORAL PROSTH DUAL ARCH N-FX	Medicaid Expansion
0966T	I&CUST PREP JAW XPNSJ ORAL PROSTH DUAL ARCH FXD	Medicaid Expansion

0964T	I&CUST PREP JAW XPNSJ ORAL PROSTH 1 ARCH	Commercial
0965T	I&CUST PREP JAW XPNSJ ORAL PROSTH DUAL ARCH N-FX	Commercial
0966T	I&CUST PREP JAW XPNSJ ORAL PROSTH DUAL ARCH FXD	Commercial

HCPCS:

A4604	Tubing with heating element	Medicaid Expansion
A7002	Tubing used w suction pump	Medicaid Expansion
A7027	Combination oral/nasal mask	Medicaid Expansion
A7028	Repl oral cushion combo mask	Medicaid Expansion
A7029	Repl nasal pillow comb mask	Medicaid Expansion
A7030	Cpap full face mask	Medicaid Expansion
A7031	Replacement facemask interfa	Medicaid Expansion
A7032	Replacement nasal cushion	Medicaid Expansion
A7033	Replacement nasal pillows	Medicaid Expansion
A7034	Nasal application device	Medicaid Expansion
A7035	Pos airway press headgear	Medicaid Expansion
A7036	Pos airway press chinstrap	Medicaid Expansion
A7037	Pos airway pressure tubing	Medicaid Expansion
A7038	Pos airway pressure filter	Medicaid Expansion
A7039	Filter, non disposable w pap	Medicaid Expansion
A7044	Pap oral interface	Medicaid Expansion
A7045	Repl exhalation port for pap	Medicaid Expansion
A7046	Repl water chamber, pap dev	Medicaid Expansion
A7047	Resp suction oral interface	Medicaid Expansion
A7049	Epap nasal valve	Medicaid Expansion
A9270	Non-covered item or service	Medicaid Expansion
E0470	Rad w/o backup non-inv intfc	Medicaid Expansion
E0471	Rad w/backup non inv intrfc	Medicaid Expansion
E0485	Oral device/appliance prefab	Medicaid Expansion

E0486	Oral device/appliance cusfab	Medicaid Expansion
E0490	Control unit nm hw remote	Medicaid Expansion
E0491	Oral dv nm mouthpc hw remote	Medicaid Expansion
E0492	Control unit nm stim w phone	Medicaid Expansion
E0493	Oral dv/app neuromus mouthpi	Medicaid Expansion
E0530	Electronic posa treatment	Medicaid Expansion
E0561	Humidifier nonheated w pap	Medicaid Expansion
E0562	Humidifier heated used w pap	Medicaid Expansion
E0600	Suction pump portab hom modl	Medicaid Expansion
E0601	Cont airway pressure device	Medicaid Expansion
E1399	Durable medical equipment mi	Medicaid Expansion
K1027	Oral dev without fix mech	Medicaid Expansion
S8186	Swivel adaptor	Medicaid Expansion
A4604	Tubing with heating element	Commercial
A7002	Tubing used w suction pump	Commercial
A7027	Combination oral/nasal mask	Commercial
A7028	Repl oral cushion combo mask	Commercial
A7029	Repl nasal pillow comb mask	Commercial
A7030	Cpap full face mask	Commercial
A7031	Replacement facemask interfa	Commercial
A7032	Replacement nasal cushion	Commercial
A7033	Replacement nasal pillows	Commercial
A7034	Nasal application device	Commercial
A7035	Pos airway press headgear	Commercial
A7036	Pos airway press chinstrap	Commercial
A7037	Pos airway pressure tubing	Commercial
A7038	Pos airway pressure filter	Commercial
A7039	Filter, non disposable w pap	Commercial
A7044	Pap oral interface	Commercial
A7045	Repl exhalation port for pap	Commercial

A7046	Repl water chamber, pap dev	Commercial
A7047	Resp suction oral interface	Commercial
A7049	Epap nasal valve	Commercial
A9270	Non-covered item or service	Commercial
E0470	Rad w/o backup non-inv intfc	Commercial
E0471	Rad w/backup non inv intrfc	Commercial
E0485	Oral device/appliance prefab	Commercial
E0486	Oral device/appliance cusfab	Commercial
E0490	Control unit nm hw remote	Commercial
E0491	Oral dv nm mouthpc hw remote	Commercial
E0492	Control unit nm stim w phone	Commercial
E0493	Oral dv/app neuromus mouthpi	Commercial
E0530	Electronic posa treatment	Commercial
E0561	Humidifier nonheated w pap	Commercial
E0562	Humidifier heated used w pap	Commercial
E0600	Suction pump portab hom modl	Commercial
E0601	Cont airway pressure device	Commercial
E1399	Durable medical equipment mi	Commercial
K1027	Oral dev without fix mech	Commercial
S8186	Swivel adaptor	Commercial

CDT:

D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Medicaid Expansion
D9955	Oral appliance therapy (OAT) titration visit	Medicaid Expansion
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	Commercial
D9955	Oral appliance therapy (OAT) titration visit	Commercial

References

1. Centers for Medicare and Medicaid Services (CMS) 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Section 240.4. Effective 04/01/02.
2. Centers for Medicare and Medicaid Services (CMS). National coverage determination for continuous positive airway pressure (CPAP) therapy for obstructive sleep apnea (OSA).
3. 240.4. Effective 03/13/08.
4. Kotecha B, Wong PY, Zhang H, et al. A novel intraoral neuromuscular stimulation device for treating sleep-disordered breathing. *Sleep Breath* 2021;25(4):2083-2090.
5. Hayes, Inc. Hayes emerging technology report*. eXciteOSA device for mild obstructive sleep* Lansdale, PA: Hayes, Inc. 02/09/2021.
6. Caples SM, Anderson WM, Calero K, et al. Use of polysomnography and home sleep apnea tests for the longitudinal management of obstructive sleep apnea in adults: An American Academy of Sleep Medicine clinical guidance statement. *J Clin Sleep Med*. 2021;17(6):1287-1293.
7. Pattipati M, Gudavalli G, Zin M, et al. Continuous positive airway pressure vs mandibular advancement devices in the treatment of obstructive sleep apnea: An updated systematic review and meta-analysis. *Cureus*. 2022;14(1):e21759.
8. Yeghiazarians Y, Jneid H, Tietjens JR, Redline S, Brown DL, El-Sherif N, et al. Obstructive sleep apnea and cardiovascular disease: A scientific statement from the American Heart Association. 2021 Jul 20;144(3):e56-e67.
9. Bosschieter PFN, Uniken Venema JAM, Vonk PE, Ravesloot MJL, Hoekema A, Plooij JM, et al. Equal effect of a noncustom vs a custom mandibular advancement device in treatment of obstructive sleep apnea. *J Clin Sleep Med.* 2022 Sep 1;18(9):2155-2165.
10. Belkhode V, Godbole S, Nimonkar S, Pisulkar S, Nimonkar P. Comparative evaluation of the efficacy of customized maxillary oral appliance with mandibular advancement appliance as a treatment modality for moderate obstructive sleep apnea patients - A randomized controlled trial. 2023 Feb 1;24(1):73.
11. Baptista PM, Martínez Ruiz de Apodaca P, Carrasco M, Fernandez S, Wong PY, Zhang H, et al. Daytime neuromuscular electrical therapy of tongue muscles in improving snoring in individuals with primary snoring and mild obstructive sleep apnea. *J Clin Med.* 2021 Apr 27;10(9):1883.
12. Nokes B, Schmickl CN, Brena R, Bosompra NN, Gilbertson D, Sands SA, et al. The impact of daytime transoral neuromuscular stimulation on upper airway physiology - A mechanistic clinical investigation. *Physiol Rep.* 2022 Jun;10(12):e15360.
13. Nokes B, Baptista PM, de Apodaca PMR, Carrasco-Llatas M, Fernandez S, Kotecha B, et al. Transoral awake state neuromuscular electrical stimulation therapy for mild obstructive sleep apnea. *Sleep Breath.* 2023 May;27(2):527- 534.

ND Committee Review

Internal Medical Policy Committee 3-16-2020 Annual Review-no changes

Internal Medical Policy Committee 11-19-2020

- *Added* Professional Statement and statement regarding cleaning devices.

Internal Medical Policy Committee 9-21-2021 Coding update- *Effective October 01, 2021*

- *Added* new Procedure Code K1027.

Internal Medical Policy Committee 11-23-2021

- *Revised* the way the not medically necessary statements were written; and
- *Added* Daytime electrical stimulation (eXciteOSA) of the tongue.

Internal Medical Policy Committee 3-23-2022 Coding update - *E ffective April 01, 2022*

- *Added* new Procedure Codes K1028; & K1029

Internal Medical Policy Committee 3-23-2023 Coding update - *Effective April 01, 2023*

- *Added* new Procedure Code A7049.

Internal Medical Policy Committee 5-23-2023 Revision with Coding update - *Effective July 03, 2023*

- *Added* new statement for new section Sleep Positioning Trainer; and
- *Added* Procedure Code K1001; and
- *Added* Procedure Codes A7031; and A7032.

Internal Medical Policy Committee 7-26-2023 Revision - *Effective September 04, 2023*

- *Updated* wording throughout policy

Internal Medical Policy Committee 11-15-2023 Coding - *Effective October 01, 2023*

- *Added* Procedure Codes E0490; and E0491.

Internal Medical Policy Committee *1-16-2024 Coding updated* - *Effective January 01, 2024*

- *Removed* Procedure Codes K1001; K1028; and K1029; and
- *Added* Procedure Codes D9954; D9955; E0492; E0493 and E0530.

Internal Medical Policy Committee 5-14-2024-Revision- *Effective July 01, 2024*

- *Removal* of statement regarding PAP device rental period; and
- *Added* Policy Application.

Internal Medical Policy Committee 7-16-2024 Revision - *Effective September 02, 2024*

- *Added* statement 'Intra-oral devices do not meet the above criteria if there is a signed affidavit refusing CPAP treatment and therefore considered not medically necessary'.

Internal Medical Policy Committee 3-11-2025 Revision - *Effective May 05, 2025*

- *Updated* Policy Application; *and*
- *Removed* statement: 'However, if the member is found to be using the PAP device as directed and is achieving the desired results, the DME supplier must contact the individual's physician near the end of the rental period and ask the doctor to prescribe the purchase of the device. Non-compliance, with the prescribed PAP therapy will render the PAP device as a non-covered service.'

Internal Medical Policy Committee 5-13-2025 Revision - *Effective July 07, 2025*

- *Added* statement 'or the individual prefers alternate therapy' to the intra-oral appliances section; and
- *Updated* Professional Statements; and
- *Removed* section under Payment for the rental of a PAP device

Internal Medical Policy Committee 9-4-2025 Coding update- *Effective July 01, 2025*

- *Added* Procedure Codes 0964T; 0965T; 0966T

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.