**Medicare Guidelines**

**For Sleep Apnea Oral Devices**

FOR ANY ITEM TO BE COVERED BY MEDICARE, IT MUST:

1. Be eligible for a defined Medicare benefit category
2. Be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for “reasonable and necessary” are defined by the following indications and limitations of coverage and/or medical necessity.

If the patient is tolerating positive airway pressure (PAP) such as CPAP, BiPAP or APAP routinely, Medicare will not pay for an oral device because they consider the oral device to be a convenience item. Since PAP therapy is the best treatment available, patients are encouraged to use PAP therapy. Medicare will not pay for both therapies as they feel it would be redundant.

FOR AN ITEM TO BE COVERED BY MEDICARE, a DETAILED WRITTEN ORDER (DWO) must be received by the DME supplier before a claim is submitted. If the supplier bills for an item addressed in the policy without first receiving the completed DWO, the item will be denied as not reasonable and necessary.

A CUSTOM FABRICATED MANDIBULAR ADVANCEMENT ORAL APPLIANCE (E0486) USED TO TREAT OBSTRUCTIVE SLEEP APNEA (OSA) IS COVERED IF CRITERIA A – D ARE MET.

1. The beneficiary has a face-to-face clinical evaluation by the treating physician **PRIOR** to the sleep test to assess the beneficiary for obstructive sleep apnea testing.
2. The beneficiary has a Medicare-covered sleep test that meets one of the following criteria (1 – 3):
3. The apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI) is greater than or equal to 15 events per hour with a minimum of 30 events; OR
4. The AHI or RDI is greater than or equal to 5 and less than or equal to 14 events per hour with a minimum of 10 events and documentation of:
5. Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; OR
6. Hypertension, ischemic heart disease, or history of stroke; OR
7. If the AHI> 30 or the RDI> 30 and meets either of the following (a or b):
8. The beneficiary is not able to tolerate a positive airway pressure (PAP) device; OR
9. The treating physician determines that the use of a PAP device is contraindicated.
10. The device is ordered by the treating physician following review of the report of the sleep test. (The physician who provides the order for the oral appliance could be different from the one who performed the clinical evaluation in criterion A.)
11. The device is provided and billed for by a licensed dentist (DDS or DMD).

If all of these criteria (A – D) are not met, the custom fabricated oral appliance (E0486) will be denied as not reasonable and necessary.