PAYMENT AND REIMBURSEMENT POLICY

Title: PRP-13 Oral Sleep Apnea Device E0485, E0486

Category: Compliance

Effective Date: 07/08/2021

Physicians Health Plan
PHP Insurance Company
PHP Service Company

1.0 Guidelines:

This policy applies to all network and non-network providers, including but not limited to percent of charge contract providers. This policy does not guarantee benefits or solely determine reimbursement. Benefits are determined and/or limited by an individual member's benefit coverage document (COC, SPD, etc.). The Health Plan reserves the right to apply clinical edits to all medical claims through coding software and accuracy of claim submission according to industry billing standards. Clinical edits are derived from nationally recognized billing guidelines such as the Centers for Medicare and Medicaid Services (CMS), National Correct Coding Initiative (NCCI), the American Medical Association (AMA), and specialty societies. The Health Plan may leverage the clinical rationale of CMS or other nationally sourced edits and apply this rationale to services that are not paid through CMS but which are covered by the Health Plan to support covered benefits available through one of the Health Plan's products. Prior approval does not exempt adherence to the following billing requirements. The provider contract terms take precedence if there is a conflict between this policy and the provider contract.

2.0 Description:

E0485 and E0486 describe oral appliances, which are used for Obstructive Sleep Apnea (OSA). These oral appliances are also referred to as Mandibular Repositioning Devices (MRD). The oral appliances are an alternative treatment for sleep apnea. These devices are fitted by dentists (DDSs and DMDs) and worn during sleep. They are ordered by the treating physician following review of the report of the sleep study. The physician who provides the order for the oral appliance could be different from the one who performed the clinical evaluation.

3.0 Coding and Billing:

Billing for oral appliance therapy is all-inclusive. The payment includes all time, labor, materials, professional services, radiology and laboratory costs incurred in fabricating and fitting the device. This also includes adjustment and professional services required during the 90 days following initial placement.

E0485: Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment.

E0486: Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom-fabricated, includes fitting and adjustment.

To be coded as a custom fabricated mandibular advancement device, the appliance must meet all the following criteria:

- Have a fixed mechanical hinge at the sides, front or palate; and,
- Have a mechanism that allows the mandible to be advanced by the patient in increments of one millimeter or less; and,
- Be able to protrude the mandible beyond front teeth when adjusted to maximum protrusion; and
- Retain the adjustment setting when removed from the mouth; and,
- Maintain the adjusted mouth position during sleep; and,

- Remain fixed in place during sleep so as to prevent dislodging the device; and,
- Require no return dental visits beyond the initial 90-day fitting and adjustment period to perform ongoing modification and adjustments in order to maintain effectiveness.

Charges for items that require further adjustments beyond the initial 90-day period after delivery of the oral appliance are not eligible for reimbursement. These services are considered dental therapies, and should be billed to the member's dental carrier.

4.0 Documentation Requirements:

1. In order to support and substantiate claims for an oral sleep apnea device/appliance (E0486), the following documentation must be kept on file and supplied by the dentist (DDS, DMD) for review upon request:
    a. A copy of the original physician's (MD, DO, etc.) request, order, or referral to dentist (DMD, DDS) for the oral sleep apnea appliance. (The physician's order does not need to indicate the specific brand or type of appliance.)

    b. A copy of the physician's documentation that a sleep study was performed and results required an oral sleep appliance. This can be physician's office visit notes; the actual sleep study report is not necessarily required.

    c. A copy of the appliance order.

        i. The order should identify the name or description of the appliance.

        ii. The order should be signed and dated by the ordering provider (dentist, in this case).

    d. If custom-fabricated appliance (E0486):

        i. Documentation that impressions or molds were taken.

    e. If pre-fabricated and custom-fitted (E0485):

        i. A description of the item or appliance, including documentation of custom-fitting to the patient, with adjustments if necessary.

2. Proof of delivery (POD) documentation:
    a. Proof of delivery is needed for any supply, this includes but is not limited to: DME, supplies, self-administered drugs, home infusion therapy supplies, orthotics, etc.

3. Methods of delivery

    a. Delivery directly to the member/patient or authorized representative (includes patient pick-up at the office).

    b. Delivery via shipping or delivery service.

    c. Delivery of items to a nursing facility on behalf of the member/patient.

    d. Proof of delivery documentation provides verification that the provider properly coded the item(s), that the item(s) delivered are the same item(s) submitted on the claim for reimbursement and that the item(s) are intended for, and received by, a specific member.

    e. Delivery documentation should always include:

i. Detailed description of the item(s) being delivered (e.g., brand name, serial number, narrative description). The long description of the HCPCS code, may be used as a means to provide a detailed description of the item being delivered.

ii. Dated signature of the member or designee indicating receipt or delivery of the item.

iii. Date of delivery.

iv. Delivery address.

f. The date of service on the claim must match the date on the POD.

i. For delivery directly to the patient or designee, the date of service is the date of the member's signature for receipt.

ii. For delivery via shipping or delivery service, the date of service is the date of shipment.

iii. For delivery of items to a nursing facility (not using a shipping service), the date of service is the date of the staff's signature for receipt on behalf of the member.

g. At the time of delivery of the oral appliance, the dentist is responsible for providing instruction on the safe, proper and effective use and care of the oral appliance; this instruction must be documented, signed and dated in the medical record.

5.0 Verification of Compliance

Claims are subject to audit, prepayment and post payment, to validate compliance with the terms and conditions of this policy.

6.0 Terms & Definitions:

Custom fabricated oral appliance: A custom fabricated oral appliance (E0486) is one which is individually and uniquely made for a specific patient. It involves taking an impression of the patient's teeth and making a positive model of plaster or equivalent material. Basic materials are used with the positive model to produce the final product. Custom fabrication requires more than trimming, bending, or making other modifications to a substantially prefabricated item. A custom fabricated oral appliance may include a prefabricated component (e.g., the joint mechanism).

Obstructive Sleep Apnea (OSA): Sleep related breathing disorder that involves a decrease or complete halt in airflow despite an ongoing effort to breathe. It occurs when the muscles relax during sleep, causing soft tissue in the back of the throat to collapse and block the upper airway.

7.0 References, Citations & Resources:

1. American Academy of Dental Sleep Medicine, www.aadsm.org.
2. CMS Online Manual System; http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only- Manuals-IOMs.html.
3. CMS Durable Medical Equipment, Prosthetics, Orthotics Supplies (DMEPOS) Center; http://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html.

8.0 Revision History:

Original Effective Date: 10/11/2019

Next Revision Date: 07/08/2022

Revision Date	Reason for Revision
7/20	Annual review, no changes
5/21	Annual review, updated verbiage on the Guidelines to make all PRP's Guidelines uniform.