



# Coverage Requirements



## eXcite<sup>OSA</sup> Coding

Medicare's Pricing Data and Analysis Contractor (PDAC) has verified the new codes effective January 10, 2024.

PART NUMBER	PRODUCT DESCRIPTION	HCPSC CODES*
13010	eXcite <sup>OSA</sup> starter kit (includes a mouthpiece, control unit, app download, USB-C charging cable, and cleaning cap)	E0492
16000	Replacement Mouthpiece	E0493

\*[Verified by DME PDAC](#). It is the DME Supplier's responsibility to bill correct codes.

## eXcite<sup>OSA</sup> Documentation requirements to prove medical necessity

Many payers have not established medical necessity requirements for coverage of eXcite<sup>OSA</sup>. In the absence of written coverage policies, one may reference the documentation requirements established for CPAP<sup>1</sup> or Oral<sup>2</sup> Appliances. Documents to support prior authorization or appeal submissions may include:

- OSA evaluation or screener (STOP BANG, ESS, etc.) with referral to sleep specialist**
- Sleep Study Results (Home Sleep Test or Polysomnogram) with Apnea-Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) ≤15**
- Prescription**
  - Diagnosis of OSA (ICD-10 G47.33)
  - Device name & HCPCS codes
- Chart notes documenting challenges (intolerance, or contraindications)<sup>3</sup> with other therapies:**
  - Continuous Positive Airway Pressure (CPAP)**
    - CPAP intolerance:** Failure to tolerate CPAP titration, difficulty exhaling against PAP pressure, 'aerophagia' (swallowing air), noise from machine, chronic mask leaks despite mask refit, frequently removing the mask during sleep, nasal congestion or skin irritation
    - Physiological:** Facial burns, facial trauma, or facial surgery precluding a mask fit; facial contour preventing adequate mask seal (common among edentulous individuals);
    - Psychological:** Claustrophobia, anxiety, or social stigma fear
  - Mandibular Advancement Device (MAD) or Oral Appliance Therapy (OAT)**
    - Loose teeth, severe periodontal disease, severe pre-existing TMJ disorders, lack of adequate retention (inadequate dentition or implants) and severe gag reflex.

Each payer may have different submission requirements and processes. Contact the payer's utilization management department to identify the appropriate communication channels and documentation requirements for submitting prior authorizations and appeals.

For additional information, visit [exciteosa.com/support-hub/reimbursement](https://exciteosa.com/support-hub/reimbursement), or call us at +1 844 MildOSA

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References: 1. LCD ID: L33718. LCD Title Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea 2. LCD ID: L33611. LCD Title Oral Appliances for Obstructive Sleep Apnea 3. Pinto VL, Sharma S. Continuous Positive Airway Pressure. [Updated 2022 May 2]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482178/>

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