



# Mandibular Repositioning Devices (MRD) Used for Treatment of OSA

## The facts

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- **Since 2006, the American Academy of Sleep Medicine (AASM) Practice Parameters have recognized oral appliances as first line treatment for mild to moderate obstructive sleep apnea (OSA), and as second line treatment for severe OSA.<sup>1</sup>**
- **Medicare approved oral appliances for treatment of obstructive sleep apnea (OSA) effective January 3, 2011.<sup>2</sup>**
  - Medicare requires that the patient has an initial face-to-face visit with their treating physician, followed by a diagnostic test (PSG or HST) prior to receiving an MRD.
  - Medicare will only authorize a licensed dentist to bill for the MRD.
- **Many other commercial payors cover oral appliances for treatment of OSA with a documented sleep test and prescription.**
- **Some payors recommend a trial of CPAP therapy for severe OSA patients prior to authorizing coverage for an MRD.**
- **A billing code was established specific to custom fabricated oral appliances, HCPCS E0486.<sup>2</sup>**
  - E0486 defined as oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and replacement.
  - Reimbursement varies by payor.
  - Some commercial payors will allow dentists to file a medical insurance claim out-of-network, based on medical necessity, and collect reimbursement on behalf of their patients.
    - Not all MRDs covered by commercial payors are covered by Medicare.
  - For Medicare:
    - MRDs billed to Medicare must meet the coding contractor PDAC's approval.<sup>3</sup>
    - For Medicare patients, dentists will have to become authorized DMEPOS providers to bill for an oral appliance.

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### What does this mean for your sleep practice?

- **Additional treatment options to provide patients**

- Consider oral appliances for mild to moderate OSA patients and those who are resistant or noncompliant with PAP therapy.
- Patients may be more willing to seek treatment for OSA when the option of an MRD is presented.
- Some patients may also qualify for combination therapy (PAP plus MRD).

- **Dental partnership opportunities to identify and diagnose OSA patients**

- Sleep specialists are required to diagnose OSA prior to referral for an oral appliance.
- MRD patients should have follow-up sleep studies to evaluate the response to MRD therapy.
- Working in conjunction with dentists provides another option for mild to moderate OSA patients and those that do not tolerate PAP therapy.
- Educating dentists about OSA can improve their confidence in screening dental patients for this undiagnosed chronic condition.

- **Improved patients outcomes**

Ensuring patients treat their sleep apnea and remain on therapy improves other conditions such as:

- blood pressure<sup>4</sup>
- insulin sensitivity<sup>5</sup>
- glucose control.<sup>6</sup>

<sup>1</sup> American Academy of Sleep Medicine (AASM). Practice parameters for the treatment of snoring and obstructive sleep apnea with oral appliances: an update for 2005. Available at [www.aasmet.org](http://www.aasmet.org). February 2006

<sup>2</sup> U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. LCD for Oral Appliances for OSA (L28601, L28603, L28606, L28620). Revision effective date 9/1/2011

<sup>3</sup> Pricing Data Analysis Coding Contractor. Available at [www.dmeptac.com](http://www.dmeptac.com). July 2012

<sup>4</sup> Becker et al. *Circulation* 2003

<sup>5</sup> Babu et al. *Arch Internal Med* 2005

<sup>6</sup> Harsch et al. *Am J Crit Care Med* 2004