Durable Medical Equipment, Prosthetics and Supplies (DMEPOS) Billing and Claim Submission Checklist (Oral Sleep Apnea Appliances)

**Step 1 – DME MAC Jurisdiction**
Determine your Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) from the following map.1

**STEP 2 – Complete the CMS 1500-Claim Form or send the medical claim electronically**

Question: Is a sleep study required before I can code for a sleep apnea appliance?
Answer: The patient will need to have a formal diagnosis of obstructive sleep apnea from a physician. This usually includes a sleep study.

If you file a claim using the CMS-1500 Claim Form for DMEPOS the following codes are applicable:

- HCPCS procedure – E0486 oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
- ICD-10-CM diagnosis – G47.33 Obstructive Sleep Apnea

Submission guidelines:
- Electronic claims are transmitted to the Common Electronic Data Interchange (CEDI) contractor. After the electronic claim has been accepted by the CEDI, the claim is then transferred to the appropriate DME MAC for processing.

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For electronic claim help, contact the National Government Services CEDI Help Desk:
Phone: 866.311.9184 (9:00 a.m. – 7:00 p.m. ET) | E-mail: NGS.CEDIHelpdesk@anthem.com
Website: ngscedi.com

STEP 3 – Find medical billing and claim submission information from your Jurisdiction Administrator

DME Jurisdiction A (“JA” on map) – Noridian
Mail claim forms to:
Noridian Healthcare Solutions
P.O. Box 6780
Fargo, ND 58108
Phone: 866.419.9458

DME Jurisdiction B (“JB” on map) – CGS
Mail claim forms to:
CGS – Jurisdiction B
P.O. Box 20013
Nashville, TN 37202
Phone: 866.590.6727

DME Jurisdiction C (“JC” on map) – CGS
Mail claim forms to:
CGS – Jurisdiction C
P.O. Box 20010
Nashville, TN 37202
Phone: 866.270.4909

DME Jurisdiction D (“JD” on map) – Noridian
Mail claim forms to:
Noridian Healthcare Solutions
P.O. Box 6727
Fargo, ND 58108
Phone: 877.320.0390

*Dental Procedure Codes vs. Medical Procedure Codes*

The CDT Code is the source for procedure codes used when submitting claims to dental benefit plans on either the ADA Dental Claim Form or the HIPAA standard electronic dental claim transaction. There may be times when a dentist’s services are submitted to a patient’s medical benefit plan. When this happens, not only is there a different claim form, but there are also different procedure codes that must be used. None of these are developed or maintained by the ADA.

Filing claims with a patient’s medical benefit plan can be done using the “1500” paper form or HIPAA electronic equivalent. Information on the 1500 Claim Form, including completion instructions, can be found at the American Medical Association’s (AMA) National Uniform Claim Committee website - [nucc.org](http://nucc.org).

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2 American Dental Association CDT 2022 Coding Companion

**Note:** When selecting a medical procedure code, the rule of thumb is to first look at the CPT code set to determine if there is an appropriate code to use. If there is none, a HCPCS code may be used.

Sources for medical procedure codes include, but are not limited to:

- **American Medical Association**
  800.621.8335

- **Centers for Medicare and Medicaid Services (HCPCS)**

One source of dental to medical procedure cross coding information is:

- **Medical Dental Cross Coding with Confidence by Charles Blair, D.D.S.**
  Available on [ADAcatalog.org](http://ADAcatalog.org)
  800.947.4746

Sources for ICD-10-CM diagnosis codes include, but are not limited to:

- **National Center for Health Statistics**
- **PMIC Coding and Compliance**
- **American Medical Association**