

Medical Billing Codes for Dental Sleep Medicine

ICD-10 Diagnosis Code for Obstructive Sleep Apnea:

G47.33 *Obstructive Sleep Apnea (Adult) (Pediatric)*

CPT Code for Sleep Apnea Custom Oral Appliance:

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

When using the above E0486 code, most insurers require modifier NU (new equipment). Medicare requires modifier KX showing specific documentation is on file.

How do I use these codes?

Every medical claim form needs at least one diagnosis code and one procedure code. In a dental sleep medicine medical claim, the diagnosis (diagnosed by a physician, as **dentists cannot diagnosis obstructive sleep apnea**) would be obstructive sleep apnea, denoted by the ICD code G47.33. The procedure would be oral appliance therapy with a custom-made oral appliance, denoted by the CPT code E0486.

What else do I need to know?

Dentists can also bill for the exam and any radiographs performed during the obstructive sleep apnea exam.

In addition to having the right codes, successful dental sleep medical billing requires several pieces of documentation before the claim will be paid. These vary depending on insurance company but can include:

- The diagnosis of obstructive sleep apnea by a physician
- A written order or prescription for an oral appliance from physician.
- Patient questionnaire that includes medical history, epworth sleepiness scale, and sleep history.
- Detailed documentation or narrative report of questionnaire data and exam findings.