



# Positional Therapy for Sleep Apnea

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[www.ZzomaOsa.com](http://www.ZzomaOsa.com)

## Navigating the Insurance Reimbursement Process

### **Medicare & Medicaid Services:**

Zzoma is generally an out-of-pocket expense because Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) believes code E0190 "POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES" adequately describes the product. This code has a payment schedule of \$0.00. Medicare will not pay for the device.

### **Private Carriers:**

Many of the private carriers follow government regulations for payment coverage. Therefore, many of the private carriers are yet to assign Zzoma its own paid reimbursement code. For this reason, each reimbursement claim is an individual review. Patients have a greater chance in receiving their money back if they file a refund/reimbursement claim themselves. In other words, Zzoma is an out-of-pocket expense that you may be refunded for.

If you'd like to receive pre-authorization for a refund we suggest for you to start by calling the 800 # on the back of your insurance card. Ask them their policy on the equipment code E0190 as a medical necessity. Explain to the customer care representative that you have been diagnosed with obstructive sleep apnea and have been prescribed Zzoma as a medical device. Let them know that you do have a medical necessity letter. E0190 is a code that receives reimbursement only if the claim reviewer understands your product is medically necessary. They must be convinced that that you are buying this device to improve your health.

Most insurance companies will have you purchase items and then download a claim form from their website. We suggest submitting a copy of your prescription, medical necessity letter, and product receipt with your application form. We are not given permission to access your health coverage so please be sure to write your own contact information on the forms for correspondence.

The following information is a collection of the details you may need for your refund.

<b>Manufacturer/Service Provider Name:</b>	Sleep Specialists, LLC (DBA ZZ Medical)
<b>TAX ID:</b>	20-5914787
<b>Mailing Address:</b>	150 Monument Rd, Suite 207, Bala Cynwyd PA 19004
<b>Telephone:</b>	1.877.799.9662
<b>Fax:</b>	1.267.222.1000
<b>Production Name:</b>	Zzoma Positional Device
<b>Regulatory Class:</b>	Class II (prescription only)
<b>FDA Clearance 510(k):</b>	K100160
<b>ICD-10 Diagnosis Code:</b>	G47.33 or Obstructive Sleep Apnea
<b>HCPCS Code/Equipment Code:</b>	E0190
<b>Cost:</b>	\$189.95

\*If your insurance company does not cover for Zzoma, it may be covered under your pre-tax cafeteria plan (IRS Section 125).