Medicare AutoPAP/CPAP/BiPAP Qualifications for Obstructive Sleep Apnea

Prescription

- Patient's Name
- Date of Order
- General Description of the item(s) AutoPAP, CPAP or BIPAP
- Pressure Settings
- For supplies, list each separately (e.g., mask 1/3 months; headgear 1/6 months; tubing 1/3 months, filters, disposable 2/month; filter, reusable, 1/6 months; water chamber 1/6 months; cushion, nasal or pillow, 2/month; full face cushion 1/month)
- Physician's Signature
- Physician's Name Printed or NPI

Chart Notes

Initial in-person evaluation *prior to the diagnostic sleep test* to assess possible OSA (G47.33) examples:

- Signs and symptoms of sleep disordered breathing including snoring, excessive daytime sleepiness (EDS), fatigue, observed apneas, choking or gasping during sleep
- Duration of symptoms
- Epworth Sleepiness Scale
- Focused cardiopulmonary and upper airway system evaluation
- Neck circumference
- Body mass index (BMI)

Chart Notes must be signed and dated by the practitioner.

Sleep Tests

- Sleep test must be either a diagnostic polysomnogram performed in a facility-based laboratory (Type I Study) or an inpatient hospital-based or home-based sleep test (HST), Types II, III, IV, Other
- Diagnostic sleep test with hypopneas **scored at 4%**
- Interpreted ***and signed*** by a sleep certified physician

Initial Coverage

AutoPAP/CPAP (E0601) is covered if criteria A-C are met:

A. The patient has an in-person clinical evaluation by the treating practitioner prior to the diagnostic sleep test to assess the patient for obstructive sleep apnea
B. The patient has a qualified sleep test and meets one of the following;
    1. AHI or RDI is $\geq$ 15 events per hour with a minimum of 30 events; or
    2. AHI or RDI is $\geq$ 5 and less than or equal to 14 events per hour with a minimum of 10 events and documentation of:
        a. Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; or
        b. Hypertension ischemic heart disease or history of stroke
C. Patient/caregiver has received instruction of the device in the proper use and care of the equipment.

BIPAP (E0470) is covered if criteria A-C are met and criteria D:

D. An AutoPAP/CPAP has been tried and proven ineffective based on a therapeutic trial conducted in either a facility or in a home setting.

Additional Criteria for AutoPAP/CPAP/BiPAP

- **If a CPAP (E0601) device is tried and found ineffective *during*** the initial facility-based titration or home trial, substitution of a BIPAP (E0470) does not change the length of the trial unless there is less than 30 days remaining in the trial period.
  A. If more than 30 days remain in the trial period, the clinical re-evaluation would still occur between the 31st and 91st day following the initiation of CPAP and objective documentation of adherence on the BIPAP would need to occur prior to the 91st day following initiation of the CPAP.
  B. If less than 30 days remain in the trial period, the clinical re-evaluation and objective documentation of adherence must occur before the 120th day following the initiation of the CPAP.
  C. If a CPAP device is tried and found ineffective ***during*** the initial facility-based titration or home trial, substitution of a BIPAP does not require a new initial in-person clinical evaluation or a new sleep test.

- **Patients who fail the initial 12-week trial** are eligible to re-qualify for a PAP and must have both:
  A. In-person clinical re-evaluation by the treating practitioner to determine the etiology of the failure to respond to PAP therapy; and,
  B. Repeat sleep test in a facility-based setting (Type 1 study). Study can be a repeat diagnostic, titration or split-night.

- **Patients changing from CPAP to BIPAP due to ineffective therapy while on CPAP** (either during a facility-based titration or in the home setting), the treating practitioner must document that both of the following issues were addressed prior to changing to a BIPAP device:
  A. Interface fit and comfort. An appropriate interface has been properly fit and the patient is using it without difficulty. This properly fit interface will be used with the BIPAP device; and,
  B. CPAP pressure settings. The current pressure setting of the CPAP prevents the patient from tolerating the therapy and lower pressure settings of the CPAP were tried but failed to:
     1. Adequately control the symptoms of OSA; or,
     2. Improve sleep quality; or,
     3. Reduce the AHI/RDI to acceptable levels.

- **If CPAP is used for more than 3 months and the patient is switched to BIPAP**.
  A. Clinical evaluation must occur between the 31st and 91st day from the start of BIPAP.
  B. A new 3-month trial would begin with the BIPAP.
  C. A new sleep test is not required.

- **Patients Entering Medicare**: For patients who received a PAP device prior to enrollment in Medicare and are seeking Medicare coverage of either rental of the device, a replacement PAP device and/or accessories, both of the following coverage requirements must be met:
  A. Sleep test - There must be documentation that the beneficiary had a sleep test, prior to FFS Medicare enrollment, that meets the Medicare AHI/RDI coverage criteria in effect at the time that the patient seeks Medicare coverage of a replacement PAP device and/or accessories; and,
  B. Clinical Evaluation - Following enrollment in FFS Medicare, the beneficiary must have an in-person evaluation by their treating practitioner who documents in the patient's medical record that:
     1. The patient has a diagnosis of obstructive sleep apnea; and,
     2. The patient continues to use and benefit from the PAP device.

Current as of February 2024

Scan For PAP Qualification Guidelines