Sleep Wellness Center
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Winmar Diagnostics, Inc.

Medicare's Revised Guidelines for CPAP Therapy in the Home

Medicare has released revised guidelines for CPAP coverage effective 11-01-08 for patients being set-up with CPAP in the home. As before, for an item to be covered by Medicare, a signed and dated order must be received by the supplier before a claim is submitted.

INITIAL COVERAGE:

A single level CPAP device is covered for the treatment of OSA if the following criteria are met:

The patient has a face-to-face clinical evaluation by the treating physician prior to the sleep test to assess the patient for OSA.
For dates of service on or after September 1, 2008, the clinical evaluation by the treating physician must include, at a minimum:

1) Sleep history and symptoms including, but not limited to, snoring, daytime sleepiness, observed apneas, choking or gasping during sleep, morning headaches: and
2) Epworth Sleepiness Scale: and
3) Physical exam that documents body mass index, neck circumference, and a focused cardiopulmonary and upper airway system evaluation.

The patient has an AHI (apnea-hypopnea index) or RDI (respiratory disturbance index) greater than or equal to 15 events/hr with a minimum of 30 events; or

The AHI or RDI is 5-14/hr with a minimum of 10 events and documentation of:

Excessive daytime sleepiness, impaired cognition, mood disorders, or Insomnia; or

Hypertension, ischemic heart disease, or history of stroke

The patient/and or caregiver has received instruction from the supplier of the CPAP device and accessories in the proper use and care of the equipment.

CONTINUED COVERAGE BEYOND THE FIRST THREE MONTHS OF THERAPY:

Continued coverage of a CPAP device beyond the first three months of therapy requires that, between the 31st day and 91st day after initiating therapy, the treating physician must conduct a clinical re-evaluation and document that the beneficiary is benefiting from CPAP therapy. Documentation of clinical benefit is demonstrated by:

1) Face to face clinical re-evaluation by the treating physician with documentation symptoms of OSA are improved; and objective measure of compliance.

Compliance is defined as CPAP usage of 4 hours per night for 70% of the nights in a consecutive 30-day period during the first 90 days of therapy.

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2) Documentation of adherence to CPAP therapy through direct download or visual inspection of usage data with documentation provided in a written report format to be reviewed by the treating physician and included in the beneficiaries medical record. This information does not have to be submitted with the claim but must be available upon request.

The homecare company should provide the physician's office with the CPAP compliance information.

Beneficiaries who fail the initial 12 week trial are eligible to re-qualify for a CPAP device but must have both:

1. Face-to-face clinical re-evaluation by the treating physician to determine the etiology of the failure to respond to PAP therapy; and,
2. Repeat sleep test in a facility-based setting (Type 1 study).

The treating physician is responsible for documenting the elements of the clinical evaluation and re-evaluation and must maintain that documentation as they would with any patient. Suppliers are responsible for ensuring that the coverage criteria have been met before applying the KX modifier to the code for PAP devices and accessories. Suppliers have the option of either requesting the information from the physician prior to dispensing the PAP device or waiting until requested to submit the information to the DME MAC.

If you have any questions at all regarding the new CPAP guidelines, please give us a call at 800-962-8145 or locally at 235-7424.