

Sleep Apnea Medicare Documentation

Positive Airway Pressure Device (PAP) for Sleep Apnea - Initial coverage (first 3 months)

- Treating physician's detailed written order
- Documentation to support the patient has had a face-to-face clinical evaluation by the physician prior to the sleep test to assess the patient for obstructive sleep apneas
- First and Second sleep studies **OR** split night study
 - *AHI must be greater than or equal to 15 events per hour.
 - *All AHI greater than or equal to 10 and less than or equal to 14 events per hour with documentation of:
 - Excessive daytime sleepiness, impaired cognition, mood disorders or insomnia; OR
 - Hypertension, ischemic heart disease or history of stroke.

Respiratory Assistive Devices (RAD/ASV)

- Documentation to meet all of the criteria listed above **AND**
- Documentation that a single level positive airway pressure device has been tried and proven ineffective based on a therapeutic trial conducted in either a facility or in a home setting.

All Positive Airway Pressure Device (PAP) – Continued Coverage (after first 3 months of therapy)

- Documentation that the beneficiary is benefiting from PAP therapy
 - *Face-to-face re-evaluation by the treating physician between the 31st and 91st day after initiating therapy documenting that symptoms of obstructive sleep apnea are improved, **AND**
 - *Objective evidence of adherence to use of PAP device reviewed by treating physician.

***NOTE:** Download (shows hours used and AHI) from patient equipment will be given to patient prior to face-to-face appointment for physician to review.