

CMS Documentation Review

The Centers for Medicare and Medicaid Services (CMS) Announces (Effective November 1, 2008)

CMS Coverage for CPAP Devices for the Treatment of OSA

A CPAP will be covered if the following 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 obstructive sleep apnea. Clinical evaluation by the treating physician must include, at a minimum:
 - Sleep history and symptoms
 - Including but not limited to snoring, daytime sleepiness, observed apneas, choking, gasping during sleep, morning headaches; **AND**
 - Epworth Sleepiness Scale; **AND**
 - Documentation of BMI, neck circumference and a focused cardiopulmonary and upper airway evaluation.
 - Physicians shall document the face-to-face clinical evaluations (initial and follow-up) in a detailed narrative note in their charts in the format that they use for other entries

- The patient has a Medicare-covered sleep test that meets either of the following criteria:
 1. The AHI or RDI is ≤ 15 events per hour with a minimum of 30 events;
or,
 2. The AHI or RDI ≤ 5 and less than or equal to 14 events per hour with a minimum of 10 events and documentation of:
 - Excessive daytime sleepiness
 - Impaired cognition
 - Mood disorders
 - Insomnia
 - Hypertension
 - Ischemic heart disease
 - History of stroke

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

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CONTINUED COVERAGE BEYOND THE FIRST 3 MONTHS OF THERAPY

Continued coverage of CPAP beyond the first three months of therapy requires

Documentation of clinical benefit between the 31st day and the 91st day after initiating therapy demonstrated by:

1. Face-to-face clinical re-evaluation by the treating physician with documentation that symptoms of obstructive sleep apnea are improved; **AND**,
2. Objective evidence of adherence to use of the PAP device reviewed by the treating physician.

Adherence to therapy is defined as use of CPAP \geq 4 hours per night on 70% of nights during a consecutive thirty (30) day period anytime during the first three (3) months of initial usage.

If the above criteria are not met, continued coverage of a PAP device and related accessories will be denied as not medically necessary.

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).

Covered sleep tests:

1. Type I - facility-based including sleep staging
2. Type II device – Monitors and records a minimum of 7 channels
3. Type III device – Monitors and records a minimum of 4 channels respiratory movement/effort, airflow, ECG/heart rate and oxygen saturation
4. Type IV device – Monitors and records a minimum of 3 channels that allow direct calculation of an AHI or RDI as defined above