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POSITIVE AIRWAY PRESSURE DEVICES: INITIAL QUALIFICATION
Revised August 2021

We IMPACT lives.

Dear Physician,

Data from the Comprehensive Error Rate Testing (CERT) program finds a significant percentage of claim errors related to positive airway pressure (PAP) devices used to treat obstructive sleep apnea (OSA). A sizeable proportion of the claim errors observed in the data relate to inadequate or missing documentation supporting the need for the PAP device and/or supplies. The information below is intended to assist you in documenting that your patient meets Medicare guidelines for initial coverage of PAP devices. A separate "Dear Physician" letter addresses documentation necessary for your patient to receive a replacement PAP device or ongoing supplies.

For your patient diagnosed with OSA for the first time after becoming Medicare-eligible, the major requirements for coverage of a PAP device for OSA that pertain to the treating practitioner are:

1. There must be an in-person evaluation with the treating practitioner prior to the sleep test. This should generally include the following elements:
    - Sleep history and symptoms which may be caused by OSA
    - Pertinent physical examination, such as body mass index, neck circumference, upper airway exam, and focused cardiopulmonary exam
    - Epworth Sleepiness Scale (a standardized patient questionnaire which helps to assess the likelihood of sleep apnea) or other validated sleep inventory
2. Coverage and Payment rules for diagnostic sleep tests may be found in the CMS National Coverage Determination (NCD) 240.4.1 (CMS Pub.100-03, Chapter 1, Part 4), the applicable A/B MAC LCDs and Billing and Coding articles. The patient must have either a 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). Additional information regarding home sleep tests is located in the DME MAC Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea LCD (L33718) and LCD-Related Policy Article (A52467).
3. Standard Written Order (SWO): Prior to the supplier billing Medicare, you must write an order for the PAP device and any related accessories and/or supplies.
4. Continued coverage beyond the initial three (3) month trial: To continue coverage for the PAP device beyond an initial 3-month trial period, no sooner than the 31st day but no later than the 91st day after initiating therapy, you must conduct a clinical re-evaluation and document that your patient is benefiting from PAP therapy. This is demonstrated by:
    - An in-person visit with your patient during the second or third month of the trial (but not before that time) that documents an improvement in their sleep-disordered breathing symptoms; and,
    - Review of the adherence report from the PAP device which documents use of the PAP device for at least 4 hours per night on 70% of nights for a 30 consecutive day period during the trial (i.e., 21 nights in a rolling 30 consecutive day period).

It is critical to stay in communication with your patient's DME supplier or track compliance yourself so that once your patient meets the 30-day adherence metric, a follow-up visit can be scheduled within the 31st to 90th day window.

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The complete medical policy may be viewed on the DME MACs' individual websites or in the CMS Medicare Coverage Database. The Epworth Sleepiness Scale may be found in the Appendices section of the LCD. Practitioners are reminded that in order for these items to be reimbursed for your patients, the DME supplier may collect medical documentation including copies of your initial evaluation, the report of the sleep study, your re-evaluation during the PAP trial, and the data report from the PAP device indicating patient adherence to therapy during the trial. Please cooperate with them so that they can provide the device that you have ordered for your patient.

Sincerely,

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