

Policy References: [Local Coverage Determination Positive Airway Pressure \(PAP\) Devices for the Treatment of Obstructive Sleep Apnea \(L33718\)](#) and [Policy Article \(A52467\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(PA\) A55426](#)

The treating clinician must complete the following items:

- [Standard Written Order \(SWO\)](#)
- Medical record documentation requirements (see below)

Medical Documentation

Initial Coverage (First 3 Months)

- F2F evaluation prior to the sleep test to assess the patient for obstructive sleep apnea (OSA); **and**
- A sleep test that meets either:
 - Apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI) ≥ 15 events per hour with a minimum of 30 events; **or**
 - AHI or RDI ≥ 5 and ≤ 14 events per hour with minimum 10 events and documentation of:
 - Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; **or**
 - Hypertension, ischemic heart disease, or history of stroke, **and**

Beneficiaries Who Fail the Initial 3 Month Trial

- F2F re-evaluation to determine the etiology of the failure to respond to PAP therapy; **and**
- Repeat sleep test in a facility-based setting (Type 1 study). This may be a repeat diagnostic, titration or split-night study.

Beneficiaries Entering Medicare

- Documentation the beneficiary had a sleep test, prior to FFS Medicare enrollment, that meets Medicare AHI/RDI coverage criteria in effect at the time the beneficiary seeks replacement PAP device and/or accessories; **and**
- Following enrollment in FFS Medicare, the beneficiary must have a F2F which documents:
 - Diagnosis of OSA; **and**
 - The beneficiary continues to use the PAP device.

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