

CLINICIAN CHECKLIST FOR POSITIVE AIRWAY PRESSURE (PAP) DEVICES

Policy References:

- [Local Coverage Determination \(LCD\) \(L33718\)](#)
- [Policy Article \(A52467\)](#)

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

The treating clinician must complete the following items:

[Standard Written Order \(SWO\)](#)

Medical records as noted below

Medical Documentation

Initial Coverage (First Three Months)

Face-to-face (F2F) evaluation prior to the sleep test to assess the beneficiary for obstructive sleep apnea (OSA); **and**

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**

Beneficiary and/or their caregiver has received instruction from the supplier of the device in the proper use and care of the equipment.

Beneficiaries Who Fail the Initial Three-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 Fee-for-Service (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 an F2F which documents:

Diagnosis of OSA; **and**

Beneficiary continues to use the PAP device.

What Your Patient Needs to Know

If the original qualifying sleep study is over a year old, a new face-to-face evaluation is needed to explain the delay in beginning PAP therapy, and because a lot of things can change medically in a year, a new sleep test may be appropriate.

Once treatment has started

Patient must return to see treating practitioner between the 61st and 90th day of usage to discuss therapy.

Patients who have not been successful with treatment (using a minimum of 21 days for at least four hours per night in a consecutive 30-day period)

Your practitioner will order a repeat sleep study to meet Medicare requirements:

- Study must be in a facility
- Can be diagnostic, titration, or split night

Patients - It is important to communicate with your practitioner regularly that you continue to use and benefit from your therapy. Medicare will ask the practitioner to document this information annually.