**CLINICIAN CHECKLIST FOR POSITIVE AIRWAY PRESSURE (PAP) DEVICES**

**Policy References:**
- Local Coverage Determination (LCD) (L33718)
- Policy Article (A52467)

**Documentation References:** 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 a F2F which documents:
  ☐ Diagnosis of OSA; and
  ☐ Beneficiary continues to use the PAP device.