

SLEEP TEST SCORING AND MEDICARE

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Dear Clinician,

Periodically the DME MACs are asked about the scoring of sleep tests used to qualify patients for positive airway pressure (PAP) therapy. Specifically, the questions relate to the difference in hypopnea scoring between the American Academy of Sleep Medicine (AASM) guidelines and Medicare’s hypopnea definition. The AASM guidelines use a 3% oxygen desaturation metric; however, Medicare defines hypopnea as:

*Hypopnea is defined as an abnormal respiratory event lasting at least 10 seconds with at least a 30% reduction in thoracoabdominal movement or airflow as compared to baseline, and with **at least a 4% oxygen desaturation.*** [Emphasis Added]

For Medicare patients, including those patients entering Medicare from commercial insurance and non-Medicare payers, there must be demonstration that all Medicare coverage criteria are met at the time claims are submitted, including claims for PAP devices and related accessories. In the event that a claim is selected for audit, the DME supplier may request copies of your polysomnogram (PSG). The DME MACs must be able to determine that the PSG was scored according to Medicare criteria.

What can you do?

For Medicare patients, make sure that you use the correct scoring of hypopneas when you interpret the PSG. Medicare uses the 4% oxygen desaturation, not the AASM 3% definition. For patients who may currently be under commercial or non-Medicare insurance coverage, consider scoring patients using both the 3% and 4% oxygen desaturation metric, and provide a separately-scored apnea-hypopnea index (AHI) based on each metric in your interpretation report. By providing an AHI scored with both hypopnea definitions, this will allow your patient to use the PSG once they are Medicare eligible.

We appreciate all your efforts in providing quality services to your Medicare patients.

Sincerely,

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