Apria Healthcare®

Helpful Tips for Sleep Therapy Orders

Providing all the required documentation up front helps to minimize call-backs and follow-up requests.

Initial Coverage of New Equipment

The following documents are required to ensure that Apria's services are covered and patient expenses are minimized:

- ✔ Copy of patient demographics (also known as the "face sheet") and insurance information
- ✔ Evidence that an in-person patient evaluation (this is what Medicare refers to as the "face-to-face" evaluation) was conducted PRIOR to the sleep test to assess the patient for Obstructive Sleep Apnea (OSA)
- ✔ Copy of the patient's chart notes documenting the signs and symptoms of OSA
- ✔ Copy of the completed sleep study, along with the interpretation of the results
  a. Must be dated AFTER the initial face-to-face evaluation
  b. Must be interpreted, signed and dated by a physician accredited in sleep medicine
- ✔ Prescription and face- to- face evaluation must be signed and dated by the treating physician
  a. Authenticated electronic signatures and dates are acceptable
  b. Signature and date stamps are NOT acceptable
- ✔ **For Bi-level devices only.** Medical records to support that the patient meets all the criteria listed above, and:
  a. Evidence to support that an E0601 positive airway pressure (PAP) device has been tried and proven ineffective based on a therapeutic trial conducted either in a facility or in a home setting; and
  b. Documentation in the medical record signed by the physician must include reference to the patient's failure to meet therapeutic goals using PAP during the titration portion of a facility-based study or during home use despite optimal therapy; and
  c. Documentation that the PAP settings prevent the patient from tolerating the therapy and lower pressure settings for the E0601 were tried but failed to:
     i. Adequately control of the symptoms of OSA, or
     ii. Improve sleep quality, or
     iii. Reduce the AHI/RDI to acceptable levels

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Coverage of Equipment for Beneficiaries Entering Medicare

The following documents are required to ensure that Apria's services are covered and patient expenses are minimized:

- ✔ Copy of patient demographics (also known as the "face sheet") and insurance information
- ✔ Evidence that the patient had a QUALIFYING sleep test PRIOR to enrolling in fee-for-service (FFS) Medicare
- ✔ Evidence that an in-person patient evaluation (this is what Medicare refers to as the "face-to-face" evaluation) was conducted AFTER the patient's enrollment date in FFS Medicare
  a. Must document that the patient was diagnosed with OSA
  b. Must provide evidence that the patient continues to use the PAP device
- ✔ Prescription and face-to-face evaluation must be signed and dated by the treating physician
  a. Authenticated electronic signatures and dates are acceptable
  b. Signature and date stamps are NOT acceptable

Coverage for Replacement of Equipment

If the PAP device is replaced AFTER the 5-year reasonable useful lifetime, the following documents are required to ensure that Apria's services are covered and patient expenses are minimized:

- ✔ Copy of patient demographics (also known as the "face sheet") and insurance information
- ✔ Evidence that an in-person patient evaluation (this is what Medicare refers to as the "face-to-face" evaluation) was conducted PRIOR TO submitting a prescription for a new PAP device
  a. Chart notes must document that the patient continues to use and benefit from the PAP device
  b. There is no requirement for a new sleep test or trial period
- ✔ Prescription and face-to-face evaluation must be signed and dated by the treating physician
  a. Authenticated electronic signatures and dates are acceptable
  b. Signature and date stamps are NOT acceptable

Helpful Tips about PAP Replacement

If a PAP device is replaced during the 5-year reasonable useful lifetime because of loss, theft, or irreparable damage due to a specific incident, there is NO requirement for a new clinical evaluation, sleep test, or trial period. However, a new order for the replacement device is required.