



Important Information for Prescribing Sleep Therapy for Medicare Beneficiaries

The following information highlights the responsibilities of the ordering/treating physician when prescribing sleep therapy for traditional Medicare Part B fee-for-service patients.

In addition to a positive diagnosis of obstructive sleep apnea (OSA) via a facility-based or home sleep study, two face-to-face evaluations are required for initial and continued Medicare coverage for PAP therapy.

Face-to-Face Evaluation 1

There must be a signed and dated face-to-face evaluation with the treating physician prior to ordering any sleep test. This may include documentation of the following in the patient's medical record:

- ✓ Sleep history and symptoms
- ✓ A standardized patient questionnaire which helps to assess the likelihood of sleep apnea
- ✓ Pertinent physical examination — e.g., body mass index, neck circumference, upper airway exam, and cardiopulmonary exam

Face-to-Face Evaluation 2

Following the setup of the device, the patient must see the treating physician again, sometime between the 31st and 91st day, to document whether there has been improvement in the patient's symptoms.

- ✓ The physician must review data from the PAP device. For a patient to qualify for Medicare coverage, the device must document use at least 4 hours per night on 70% of nights for a 30 consecutive day period during the trial.

Medicare coverage of the PAP device beyond the first 3 months is contingent upon demonstration of patient benefit from the use of a PAP device and your documentation of the follow-up face-to-face evaluation. Apria Healthcare will provide you with PAP usage information for the Medicare beneficiaries you have entrusted to our care for the treatment of Obstructive Sleep Apnea.

Helpful Tips for Sleep Therapy Orders

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

Helpful Tips for Documenting the Signs and Symptoms of Obstructive Sleep Apnea (OSA)

Patient History

- Signs and symptoms of sleep disordered breathing. These include snoring, daytime sleepiness, observed apneas, choking or gasping during sleep, morning headaches.
- Duration of symptoms (how long the patient has experienced these symptoms).
- Validated sleep hygiene inventory (this is a patient self-assessment tool, like the Epworth Sleepiness Scale or Berlin Questionnaire).

Physical Exam:

- Focused cardiopulmonary and upper airway system evaluation
- Neck circumference
- Body mass index (BMI)

Helpful Tips about Criteria for Qualifying For PAP Therapy Completed Sleep Test Results:

- The baseline sleep study results must meet either of the following criteria:
 - a. The Apnea-Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) is greater than or equal to 15 events per hour with a minimum of 30 events; OR
 - b. The AHI or RDI is greater than or equal to 5 and less than or equal to 14 events per hour with a minimum of 10 events and documentation of:
 - i. Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; OR
 - ii. Hypertension, ischemic heart disease, or history of stroke

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