

# PULMONARY PROVIDERS GROUP, INC.

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**CPAP (E0601)**

**SLEEP STUDY IS REQUIRED FOR CPAP**

## **ORDER REQUIREMENTS:**

**Medicare**-Requires a dispensing order prior to delivery and a detailed written order prior to billing. Re-evaluation between 31-90 days.

**Medicaid**-Requires a dispensing order prior to delivery and a written order and sleep study with the prior approval request for initial 90 days. Renewal CMN (form 3701F) is required between 61 and 90 days. (M-212.21)

## **COVERAGE CRITERIA:**

### ***Medicare:***

- The patient medical record must support the following criteria:
  1. Face-to-face clinical evaluation by treating physician prior to sleep study to assess for Obstructive Sleep Apnea ("OSA"). Patient must be diagnosed with OSA (ICD-10 G47.33);
  2. Patient has a Medicare covered sleep test and either;
    - 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 from 5 to 14 events per hour with a minimum of 10 events with symptoms of excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, hypertension, ischemic heart disease or a history of stroke; and
  3. The patient/caregiver has received instruction on care and use from the supplier.
- A humidifier (heated & non-heated) is covered if ordered by treating physician.
- Continued Coverage Beyond 90 Days Between 31-90 days, treating physician must conduct a clinical face-to-face re-evaluation documenting symptoms of OSA are improved and adherence to use of CPAP device (4 hrs./night on 70% of nights for 30 days). Adherence must be documented in report to physician through download or visual inspection of use.
- Physician must document the face-to-face evaluation and re-evaluation in a detailed narrative note in patient chart. The notes should include the following elements (all not required); signs and symptoms, duration of symptoms, sleep hygiene inventory, physical exam, including neck circumference and BMI.

### ***Medicaid***

**Initial Coverage:** In an informational notice dated October 23, 2007 Medicaid has removed the requirement for a CMN (form 3701) and replaced it with the requirement that a sleep study be submitted with the physicians order for CPAP at the time of prior approval request. No other documentation is necessary for initial three month approval.

**Continued Coverage Beyond 90 days:** New prior approval needed after 90 days. Medicaid has developed a new renewal form to be signed and dated by the physician. The statement must include that: patient has been compliant and symptoms are still relieved; provides an updated plan of care including duration of need, and assessment of appropriateness of surgery.

## **REPLACEMENT:**

Medicaid: No guidance/Medicare: 1 per 5 yrs.

Common Diagnoses:

ICD-10 code showing OSA must be on order.