Addendum

#1 If the AHI or RDI is calculated based on less than 2 hours of sleep or recording time, the total number of recorded events used to calculate the AHI or RDI (respectively) must be at least the number of events that would have been required in a 2 hour period (i.e., must reach ≥30 events without symptoms or ≥10 events with symptoms).

**Medicare Continuation Coverage past 3 months**

To continue coverage for the positive airway pressure (PAP) device (CPAP or RAD) beyond an initial 3 month trial period, there must be:

- A face-to-face visit with the physician during the second or third month of the trial that documents an improvement of the beneficiary’s symptoms;
  
  AND

- A data report from the PAP device which documents use the PAP device for at least 4 hours per night on 70% of nights for a 30 consecutive day period during the trial.

**Failed 3 month Continuation Coverage**

Beneficiaries who fail the initial 12 week trial are eligible to re-qualify for a PAP device but must have both:

1. Face-to-face clinical re-evaluation by the treating physician to determine the etiology of the failure to respond to PAP therapy;
   
   AND

2. Repeat sleep test in a facility-based setting (Type 1 study). This may be a repeat diagnostic, titration or split-night study.

If the patient re-qualifies through step 1 and step 2 after having failed originally, they will again have to meet the “Medicare Continuation Coverage past 3 months” criteria stated above.

**5 year replacement**

Patient must be using and benefiting from the CPAP. Patient must have OSA that has been verified by a Sleep Study. It is recommended that they see their physician within 1 year of replacing the machine.

**New Medicare Beneficiary**

Patient must have documentation that they are using the CPAP. Patient must have OSA. The patient must have seen their Doctor within the past year and also had a qualifying sleep study.

**BCBS/Anthem Central States**

- Supplies are included in the initial set-up and billed separately while the unit is renting.
- 1 unit of every supply needed by the patient is allowed every 6 months.
- Out-of-State policies may require a follow-up evaluation by physician. Patient should contact their own policy.

**Pre-Certification Requirements**

**Initial set-up**

All equipment must be pre-certified at initial set-up.

**90 days following set-up**

Patient must meet the below criteria

**Yearly pre-certification**

Patient must meet the below criteria
Usage Criteria

In the management of patients with OSA, long-term compliance with positive airway pressure devices remains problematic. Adherence to therapy is defined by the Centers for Medicare & Medicaid Services (CMS) as use of PAP greater than or equal to 4 hours per night on 70% of nights during a consecutive thirty (30) day period. Compliance may be as low as 50% at one year and for this reason compliance monitoring is an important component of the management of patients with OSA. Every effort should be made to achieve compliance. Newer PAP devices record (and may transmit) use times such that compliance monitoring may be performed remotely. Unless compliance is achieved and documented, the continued use of PAP devices (and the ongoing provision of associated supplies) cannot be considered to be medically necessary.

INDICATIONS FOR AUTO-TITRATING POSITIVE AIRWAY PRESSURE (APAP) OR CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

Treatment with CPAP is appropriate for a patient aged 19 years or older when conditions A and B below are met:

A. Home or lab based sleep study demonstrates one of the following (1–2)
   1. AHI greater than 15
   2. AHI 5–14 with any of the following: excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, documented hypertension, ischemic heart disease, history of stroke.

   AND

B. Appropriate CPAP level has been determined from one of the following (1–5)
   1. Split-night sleep study
   2. Whole-night lab based titration study following inconclusive split-night study
   3. Whole-night lab based titration study in a patient in whom APAP is contraindicated (e.g., congestive heart failure [CHF], chronic obstructive pulmonary disease [COPD])
   4. APAP titration trial
   5. Whole-night lab based titration study when home, unmonitored APAP titration was unsuccessful

Treatment with CPAP is appropriate for a patient aged 18 years or younger when conditions A and B below are met

A. A lab-based sleep study demonstrating AHI of at least one (1) and appropriate CPAP titration has been performed

   AND

B. One of the following (1–4) is true
   1. Adenotonsillectomy has been unsuccessful in curing OSA
   2. Adenotonsillectomy is not indicated because the patient has minimal adenotonsillar tissue
   3. Adenotonsillectomy is inappropriate because OSA is attributable to another underlying cause (e.g., craniofacial abnormality, morbid obesity)
   4. Adenotonsillectomy is contraindicated
Treatment with APAP is appropriate when a patient meets conditions **A and B** below

**A.** Home or lab based sleep study demonstrates one of the following (1–2)
1. AHI greater than 15
2. AHI 5–14 with any of the following: excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, documented hypertension, ischemic heart disease, history of stroke.

AND

**B.** The patient has none of the following contraindications (1–4) to the use of APAP
1. Age 18 years or younger
2. CHF
3. COPD
4. Central sleep apnea

**UHC**
- Detailed Order required as well as documentation and/or diagnosis proving the need for the CPAP.
- Sleep study is required for dispensing a CPAP.
- Supplies are billed separately.

**Cox**
- Detailed Order required as well as documentation and/or diagnosis proving the need for the CPAP.
- Supplies are billed separately while the unit is renting.
- Sleep Study is not required but recommended to have on file.
**Accessories Allowable**

- A4604- Tubing with integrated heating element- 1 per 3 months
- A7027- Combo oral/nasal mask- 1 per 3 months
- A7028- Oral cushion for combo oral/nasal mask- 2 per 1 month
- A7029- Nasal pillows for combo mask- 2 per 1 month
- A7030- Full Face mask - 1 per 3 months
- A7031- Face mask interface, replacement for full face mask -1 per 1 month
- A7032- Nasal cushion- 2 per 1 month
- A7033- Pillow for use on nasal cannula type interface- 2 per 1 month
- A7034- Nasal mask or cannula used with CPAP- 1 per 3 months
- A7035- Headgear used with CPAP device- 1 per 6 months
- A7036- Chinstrap - 1 per 6 months
- A7037- Tubing no heating element- 1 per 3 months
- A7038- Disposable filter- 2 per 1 month
- A7039- Non-Disposable filter- 1 per 6 months
- A7046- Water chamber for humidifier- 1 per 6 months
- E0561- Humidifier, non-heated
- E0562- Humidifier, heated
Medicaid
All Ages

Qualifications for CPAP (E0601)

- Patient has diagnosis of obstructive sleep apnea (ICD-9 327.23) and history of an attended sleep study with AHI 15 or greater, and evidence of effective treatment with therapy (a change of ≥ 50% in the AHI from the initial sleep study to the AHI from the technologist attended CPAP titration study trial).

- Patient has diagnosis of obstructive sleep apnea (ICD-9 327.23) and history of an attended sleep study with AHI 5-14 and documented symptoms of excessive daytime sleepiness, impaired cognition, depression, insomnia, hypertension, ischemic heart disease, or stroke; and there is evidence of effective treatment with therapy (a change of ≥ 50% in the AHI from the initial sleep study to the AHI from the technologist attended CPAP titration study trial).

- The patient's claim history reflects E0601 was dispensed at least 61 days ago, or there is DME provider documentation showing an E0601 was dispensed at least 61 days ago, and evidence of continued use of E0601 signed by the physician or client is documented in the DME provider’s record.

- A titration study has to have been part of the sleep study and proved a 50% improvement in the AHI.

- Written order for all supplies from physician. Supplies are included in the rental of the CPAP.

- Must have a pre-certification approval prior to set-up

Medicaid continuation guidelines for months 4 thru 12

- No sooner than the 61st day after initiating therapy, that the DME provider ascertain from either the participant or treating physician that the participant is continuing to use the CPAP Device. This usage must be documented in the DME records.

Medicaid Allowable
A7030- Full face mask used w/CPAP device (each): 1 per 180 days
A7031- Face mask interface replacement (each): 1 per 180 days
A7032- Replacement cushion for nasal application device (each): 1 per 180 days
A7033- Replacement pillows for nasal application device (pair): 1 pair per 60 days
A7034- Nasal interface (mask or cannula type) used with a CPAP with or without head strap: 1 per 180 days
A7035- Headgear used with CPAP device: 1 per 180 days
A7037- Tubing used with CPAP device: 1 per 180 days
A7038- Filter, disposable used with CPAP: 2 per 30 days
A7039- Filter, non disposable used with CPAP: 1 per 180 days
A7046- Water chamber for humidifier: Covered when replacement is required
E0561- Humidifier, non heated, used w/ CPAP- Prior authorization
E0562- Humidifier, heated, used w/CPAP- Prior authorization
**CPAP Quick Facts**

Any person coming in with a CPAP that was not purchased from our company and is needing repairs or a new CPAP needs to be able to provide:

- Sleep Study
- Make
- Model
- Serial #
- Supplier of the CPAP
- Date is was supplied

- An ABN needs to be signed if any of the above information is missing.
- Patient MUST meet all Medicaid coverage criteria prior to dispensing (See page 4).
- Get a written order for all specific supplies.
- The orders attached to the initial set-up and supplies are good for lifetime unless stated otherwise.
- If we dispense a used CPAP then we have to treat it as though it is brand new with a full warranty.

**2011 USED PAP PRICING**

**CPAPs**
(Includes used ResMed or Respironics CPAP, **used** Heated Humidifier and new Water Chamber)

**Standard CPAP**
- 2010 or 2011 CPAP = $450 W/6 Month Warranty
- 2009 CPAP = $300 W/6 Month Warranty
- 2008 or older = $150 W/3 Month Warranty

You may take off $50 if the heater is not sold with the CPAP.

**Auto CPAP**
- 2010 or 2011 CPAP = $550 W/6 Month Warranty
- 2009 CPAP = $375 W/6 Month Warranty
- 2008 or older = $200 W/3 Month Warranty

You may take off $50 if the heater is not sold with the CPAP.

NOTE: Any used CPAP that is not manufactured by ResMed or Respironics can be sold for $75 W/3 Month Warranty

**Heated Humidifiers**
(Includes water chamber)
- 2010 or 2011 = $134
- 2009 = $100
- 2008 or older = $50

**BIPAPs (Standard and Auto)**
(Includes **used** Heated Humidifier and new Water Chamber)
- 2010 or 2011 = $1100 w/6 Month Warranty
- 2009 = $750 w/6 month warranty
- 2008 or older = $375 w/6 month warranty

Take off $50 if the heater is not sold with the BiPAP.

**ASV or Adapts with heated humidifier**
- 2010 or 2011 = 4788.80 w/6 month warranty
- 2009 = 3737.60 w/6 month warranty

*NO DISCOUNTS ON USED PRICING*

Updated: 2-01-11