

Medicare Policy for Treatment of OSA – CPAP

CPAP Qualifications (E0601):

Patient must meet **all** the following criteria to qualify for an E0601 device (CPAP).

- Patient has had a **face-to-face clinical evaluation** by treating physician prior to sleep test
- Patient has had a **Medicare-covered sleep test** that meets either of the following criteria:
 - AHI/RDI is > 15 events per hour with minimum of 30 events;
or
 - AHI/RDI is > 5 and < 14 events per hour with minimum of 10 events and documentation of excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, hypertension, ischemic heart disease or history of stroke
- Diagnosed with OSA (ICD-9 code of 327.23)
- **Patient and/or caregiver has received instruction** from the supplier of the CPAP device and accessories in the proper use and care of the equipment

AHI is defined as the average number of episodes of apnea and hypopnea per hour of sleep.

RDI is defined as the average number of apneas plus hypopneas per hour of recording.

Bi-level Qualifications (E0470):

(Follow for CPAP to Bi-level Conversion)

Patient must meet all the following criteria to qualify for an E0470 device (**bi-level without a backup rate**).

- Patient is **qualified for E0601 (CPAP)**
- **CPAP has been tried and proved ineffective** based on a therapeutic trial conducted in a facility or a home setting; this must be documented in the patient's medical record
- Yes ___ No ___ **Has CPAP been used < 3 months?** (i.e., CPAP is tried and found ineffective during the initial three-month home trial)

If 'No,' a new initial face-to-face clinical evaluation is required but not a new sleep test. A new three-month trial would begin for use of the bi-level.

If 'Yes,' the patient is qualified for an E0470 device (bi-level without a backup rate).

Documentation for Continued Coverage (for continuing to bill months 4-13):

- Between 31st and 91st day, treating physician has a face-to-face clinical re-evaluation with patient documenting that symptoms of OSA improved
- Objective evidence of adherence to use of the PAP device reviewed by treating physician (Adherence is use of PAP > four hours per night on 70 percent of nights during a consecutive 30-day period anytime during the first three months of initial usage. Documentation of adherence to PAP therapy shall be accomplished through direct download or visual inspection of usage data.)

Referring your patients to the Aurora VNA

The arrangement for Aurora VNA assistance with home CPAP therapy starts by contacting us at 414-328-4400.

Aurora Health Care is a not-for-profit health care provider and a national leader in efforts to improve the quality of health care.



When it comes to providing your patients with the very best in sleep therapy equipment and assistance, high-quality service is the key. The Aurora Visiting Nurse Association of Wisconsin's home medical services has decades of experience and goes the extra mile to ensure your patients are well served.

We carry all major brands of CPAP and BiPAP equipment, and we have a full line of masks and accessories. All equipment is capable of completing compliance downloads, and all initial CPAP setups are done with auto-titrating units.

Respiratory therapist do all of our CPAP and BiPAP setups, either in the patient's home, in an Aurora VNA office in their area, or at any of our Good Night's Sleep Clinic locations. Our therapists provide hands-on help to optimize the patient's CPAP or BiPAP therapy. Patients receive assistance with mask fittings, comfort issues and equipment checks.

Good Night's Sleep Clinics are free to patients, and for their convenience, we offer evening hours. For complete information on clinic locations and hours, go to www.Aurora.org/VNA and click on **Good Night's Sleep Clinic**.



Medicare policy for respiratory assist device – BiPAP

	Progressive Neuromuscular Disease	Severe Thoracic Cage Abnormality	Chronic Obstructive Pulmonary Disease (COPD)	Central Sleep Apnea (CSA) or Complex Sleep Apnea (CompSA)	Obstructive Sleep Apnea (OSA)
<i>Awake Arterial Blood Gas PcCO2 while breathing the patient's usual FIO2</i>	PcCO2 ≥ 45 mm HG <i>or</i>	PcCO2 ≥ 45 mm HG <i>or</i>	PaCO2 ≥ 52 mm HG <i>and</i>		
<i>Sleep Oximetry</i>	Oxygen Saturation ≤ 88% (for at least 5 continuous minutes while breathing patient's usual Fio2) <i>or</i>	Oxygen Saturation ≤ 88% (for at least 5 continuous minutes while breathing patient's usual Fio2) <i>or</i>	Oxygen Saturation ≤ 88% (for at least 5 continuous minutes while breathing oxygen at 2 LPM or patient's usual Fio2, whichever is higher)		
<i>Pulmonary Function Test</i>	Maximal Inspiratory Pressure (MIP) < 60 cm H2O or Forced Vital Capacity (FVC) < 50% predicted				
<i>Polysomnogram</i>				Diagnosis of Central Sleep Apnea (CSA) or Complex Sleep Apnea (CompSA)	Diagnosis of Obstructive Sleep Apnea (OSA) with AHI > 15 or AHI = 5-14And
<i>Other</i>	<i>And</i> documentation that COPD does not contribute significantly to the patient's pulmonary limitation	<i>And</i> documentation that COPD does not contribute significantly to the patient's pulmonary limitation	<i>And</i> prior to initiating therapy, OSA (and treatment with CPAP) has been considered and ruled out	<i>And</i> significant improvement of the sleep-associated hypoventilation with Bi-level pap	Documented symptoms of: excessive daytime sleepiness, impaired cognition, mood disorders <i>or</i> insomnia <i>or</i> HTN, ischemic heart disease, or history of stroke <i>and</i>
<i>CPAP has been tried and ruled out as effective therapy</i>				CPAP has been considered and ruled out	CPAP has been <i>tried</i> and ruled out as effective therapy
<i>Devices Covered</i>	Either an E0470 or an E0471 device (based upon the judgment of the treating physician)	Either an E0470 or an E0471 device (based upon the judgment of the treating physician)	E0470 (for at least the first 3 months) E0471 (after the first 2 months if additional criteria are met)	Either an E0470 or an E0471 device (based upon the judgment of the treating physician)	E0470 <i>only</i>