Medicare and Coverage for CPAP Machines

CPAP Machines

CPAP is an acronym for "continuous positive airway pressure." CPAP machines typically are used for people who have breathing problems, such as sleep apnea.

To ensure continuous coverage for CPAP machines, steps need to be taken when transitioning from the United Healthcare Plan for PMBS members under age 65 to the healthcare plan for Medicare-eligible members or the United Healthcare Group Medicare Advantage Plan.

Before Medicare will consider coverage for CPAP machines, Medicare requires a new physician authorization and a new sleep study. **According to Medicare regulations, coverage for CPAP machines does not automatically carryover from commercial healthcare insurance plans to Medicare coverage**. Therefore, the member does have to take steps to meet Medicare criteria requirements and to ensure continuous coverage for CPAP machines and supplies.

Please contact your physician well in advance of your Medicare eligibility date to initiate the approval process. The regulations for Medicare coverage of CPAP machines are outlined below.

Medicare criteria:

The use of CPAP is covered when used in adult patients with diagnosis under the following situations:

- The use of CPAP is covered under Medicare when used in adult patients with OSA (Obstructive Sleep Apnea). Coverage of CPAP is initially limited to a 12 week period to identify beneficiaries diagnosed with OSA as subsequently described who benefit from CPAP. CPAP is subsequently covered only for those beneficiaries diagnosed with OSA who benefit from CPAP during this 12 week period.

- The provider of CPAP must conduct education of the beneficiary prior to the use of the CPAP device to ensure that the beneficiary has been educated in the proper use of the device. A caregiver, for example a family member, may be compensatory, if consistently available in the beneficiary home and willing and able to safely operate the CPAP device.

- A confirmed diagnosis of OSA for the coverage of CPAP must include a clinical evaluation and a positive:
    - attended polysomnography (PSG) performed in a sleep laboratory; or
    - unattended home sleep test (HST) with a Type II home sleep monitoring device; or
    - unattended HST with a Type III home sleep monitoring device; or
    - unattended HST with a Type IV home sleep monitoring device that measures at least 3 channels.

- The sleep test must have been previously ordered by the beneficiary treating physician and furnished under appropriate physician supervision.

- An initial 12 week period of CPAP is covered in adult patients with OSA if either of the following criterion using the Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) are met:
    - AHI or RDI greater than or equal to 15 events per hour, or
    - AHI or RDI greater than or equal to 5 events and less than or equal to 14 events per hour with documented symptoms of excessive daytime sleepiness, impaired cognition, mood disorders or insomnia, or documented hypertension, ischemic heart disease, or history of stroke.

- The AHI is equal to the average number of episodes of apnea and hypopnea per hour and must be based on a minimum of 2 hours of sleep recorded by polysomnography using actual recorded hours of sleep (i.e., the AHI may not be extrapolated or projected). If the AHI or RDI is calculated based on less than two hours of continuous recorded sleep, the total number of recorded events to calculate the AHI or RDI during sleep testing is at least the number of events that would have been required in a two hour period.

- Apnea is defined as a cessation of airflow for at least 10 seconds. Hypopnea is defined as an abnormal respiratory event lasting at least 10 seconds with at least a 30 percent reduction in thoracoabdominal movement or airflow as compared to baseline, and with at least a 4 percent oxygen desaturation.

* **Obstructive sleep apnea (OSA)** is the most common type of sleep apnea and is caused by complete or partial obstructions of the upper airway. It is characterized by repetitive episodes of shallow or paused breathing during sleep, despite the effort to breathe, and is usually associated with a reduction in blood oxygen saturation.