



MEDICARE COVERAGE GUIDELINES

CPAP Therapy

Written Order / Prescription

Should have the following:

- Type of machine (E0601)
- Pressure Settings
- E0562 (Heated Humidifier)
- PAP Supplies (ex. Tubing Mask..)
- Face to Face notes (*Should be dated within 6 months*)
- Sleep Study

Initial Coverage of CPAP (E0601)

- Chart notes from a face-to-face consultation BEFORE the sleep test, AND
- Sleep test documenting:
 - Baseline Sleep Study Apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI) ≥ 15 events per hour. OR
 - If AHI or RDI ≥ 5 and ≤ 14 events per hour, additional diagnosis is needed to be documented such as:
 - G47.10 – Excessive daytime sleepiness
 - G31.84 – Impaired cognition
 - F32.9 – Mood Disorder (depression, anxiety)
 - F51.01 – Insomnia
 - I10 – Hypertension
 - I25.9 – Ischemic Heart Disease
 - Z86.73 – History of Stroke

Replacement CPAP (E0601)

Following the 5 year reasonable useful lifetime (RUL), there must be:

- Chart notes from a face to face appointment that documented that the beneficiary continues to use and benefit from the device, AND
- A new prescription



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