

# CPAP/BiPAP Referral Checklist for Prescribing Providers

## Initial Coverage (Check all that apply):

- ☐ In-person clinical evaluation before sleep test.
- ☐ Sleep test (Type I-IV) by Medicare provider, FDA-approved, ordered by treating practitioner.
- ☐ Sleep test results:
  - ☐ AHI/RDI  $\geq 15$  **OR** AHI/RDI 5-14 **with:**
    - ☐ Daytime sleepiness, cognition, mood, or insomnia.
    - ☐ Hypertension, heart disease, or stroke history.
  - ☐ Patient/caregiver trained on PAP use.

## If BiPAP (E0470) Needed:

- ☐ CPAP (E0601) trial ineffective (documented).
- ☐ If E0601 used >3 months, new in-person evaluation required.

## Sleep Test Results:

Type: ☐ I (Facility) ☐ II-IV/Other (Home)  
AHI/RDI: \_\_\_\_\_ events/hr.  
Recording time (<2 hrs): \_\_\_\_\_; Events: \_\_\_\_\_.

## Continued Coverage (3 Months):

- ☐ Re-evaluation (31-91 days): Symptom improvement & adherence ( $\geq 4$  hrs/night, 70% of nights).

## Concurrent Oxygen (If applicable):

- ☐ OSA treated; hypoxemia unmasked.
- ☐ Titration PSG ( $\geq 2$  hrs): AHI/RDI  $\leq 10$  or further reduction.
- ☐ Nocturnal oximetry:  $\text{SaO}_2 \leq 88\%$ .
- ☐ Meets oxygen therapy criteria.
- ☐ PSG based oxygen = stationary equipment.

## Replacement:

- ☐ <5 yrs: Loss/damage.
- ☐ >5 yrs: In-person eval: continued use/benefit.
- ☐ Medicare entry: prior sleep test & in-person eval: OSA & continued use.

## Documentation:

- ☐ SWO provided.
- ☐ Medical necessity documented.
- ☐ POD maintained.
- ☐ Correct coding.