UPDATE

EXPANDED MEDICARE COVERAGE OF CPAP TREATMENT FOR OBSTRUCTIVE SLEEP APNEA (OSA)

Effective April 1, 2002 Medicare expanded CPAP coverage to milder forms of OSA. CPAP will be covered if:

A. Apnea/hypopnea index (AHI) ≥ 15/hr.

B. AHI ≥ 5/hr and ≤ 14/hr if there are also documented symptoms of excessive daytime sleepiness, impaired cognition, mood disorder, insomnia, hypertension, ischemic heart disease or history of stroke.

C. Polysomnography (including sleep staging) is performed in a facility-based sleep laboratory (studies done in-home or in a mobile facility are not covered).

D. Bi-level respiratory assist devices (BiPAP) are covered only if CPAP has been “tried and proven ineffective.”

Medicare also covers diagnostic testing for narcolepsy and parasomnia (e.g. night terrors) but **not for assessment of insomnia or seizure disorder.**

Medicare’s explicit criteria regarding CPAP have practical implications.

1. Even when a split-night study has been ordered (with CPAP titration in the second half), the titration cannot always be completed that night. Some patients will not meet the criteria until too late into the night, and other patients who do meet the criteria may not sleep enough afterward to complete the CPAP measurement which usually requires 3-4 more hours of sleep. In such cases, the patient must return for a full night of CPAP titration.

2. Appropriate clinical history (as covered above in item B) needs to be included with the written test orders provided to the Sleep Disorders Center, unless the
Sleep Center medical staff will be responsible for obtaining the medical and sleep histories.

When ordering split-night studies, it is helpful to inform patients that the CPAP portion cannot always be completed in the same study, even if it is warranted. Please call Sarah Mosko, Ph.D. for any questions at (714) 771-8256.

Raymond J. Casciari, M.D.
Medical Director, Sleep Disorders Center

Sarah Mosko, Ph.D.
Associate Medical Director, Sleep Disorders Center