



IMPORTANT NOTICE FOR MEDICARE BENEFICIARIES

Help Ensure Your Positive Airway Pressure (PAP) or Bi-Level Positive Airway Pressure Device Is Covered by Medicare.

Thank you for choosing Apria Healthcare. We're committed to helping you manage your Obstructive Sleep Apnea (OSA).

Medicare's rules can be confusing, but it's important that you understand that Medicare will no longer pay for your equipment/service if certain requirements are not met.

To ensure Medicare continues to cover your PAP device beyond the initial 90 days of service, we are required to document the following:

- Verification you are using the equipment 4 or more hours per night, at least 21 days out of 30 consecutive days in any of the first three months.
 - Apria will obtain this documentation automatically from your PAP device.
- Documentation of a face-to-face visit with the physician treating you for OSA, between the 31st and 91st day after the start of therapy.
- Documentation in your medical record by your physician stating that you are using and benefiting from therapy. This must be documented in your medical record.

If, after the first three months of therapy, we do not have documentation of all three items listed above, Medicare may deny continued coverage beyond 90 days for the equipment and supplies, and any subsequent rental payments may become your financial responsibility. If this occurs, your options after 90 days are:

Option 1:

Re-qualify for PAP coverage:

- Sign an Advance Beneficiary Notice (ABN). This is a Medicare document that says you acknowledge that you are financially responsible for the equipment. Apria will then bill you directly for your device and supplies when Medicare denies the claims.
- Have a new face-to-face visit with your physician.
- Have a new sleep study performed in a facility-based environment.
- Conduct a second trial period to demonstrate adherence to therapy. Medicare will not pay for the device or supplies until you meet the continuous coverage requirements listed above.

Option 2:

If you do not want to attempt to re-qualify for PAP coverage, please return the equipment to Apria.

For any questions about your therapy or this information, please call Apria and we will be happy to provide further explanation. To review Apria's full Notice of Non-Discrimination Statement, please visit:

www.apria.com/aprias-statement-of-non-discrimination.

Medicare's Local Coverage Determination for Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea

Continued Coverage Beyond the First Three Months of Therapy:

Continued coverage of a PAP device (E0470 or E0601) beyond the first three months of therapy requires that, no sooner than the 31st day but no later than the 91st day after initiating therapy, the treating physician must conduct a clinical re-evaluation and document that the beneficiary is benefiting from PAP therapy. For PAP devices with initial dates of service on or after November 1, 2008, documentation of clinical benefit is demonstrated by:

1. Face-to-face clinical re-evaluation by the treating physician with documentation that symptoms of obstructive sleep apnea are improved; and
2. Objective evidence of adherence to use of the PAP device, reviewed by the treating physician.

Adherence to therapy is defined as use of PAP \geq 4 hours per night on 70% of nights during a consecutive thirty (30) day period any time during the first three (3) months of initial usage.

If the above criteria are not met, continued coverage of a PAP device and related accessories will be denied by Medicare as not medically necessary.

Beneficiaries who fail the initial 12-week trial are eligible to re-qualify for a PAP device but must have the following:

1. Face-to-face clinical re-evaluation by the treating physician to determine the etiology of the failure to respond to PAP therapy; and
2. Repeat sleep test in a facility-based setting; and
3. Conduct a second trial period to demonstrate adherence to therapy.

If you have any questions or concerns regarding this Medicare policy, please call 1-800-MEDICARE (1-800-633-4227), or if you are hearing or speech impaired, call the TTY/TDD line toll-free at 1-877-486-2048.