

If filled out completely, this form serves as the Detailed Written Order (DWO) and proof that patient was seen by the physician within 6 months prior to the date of order. This must be received by supplier before equipment is dispensed.

History:

Signs and symptoms of sleep disordered breathing including snoring, daytime sleepiness, observed apneas, choking or gasping during sleep, morning headaches.

- Duration of symptoms
- Epworth Sleepiness Scale

Physical Exam:

- Focused cardiopulmonary and upper airway system evaluation
- Neck circumference
- Body mass index

The sleep study must be performed after the initial office visit examination and prior to delivery. The sleep study must be interpreted by a physician who holds either:

- ABSM; or, ABMS; or, Completed residency or fellowship training by an ABMS; or,
- Active staff membership of a sleep center or laboratory accredited by AASM, ACHC or TJC, formerly the Joint Commission JCAHO.

Continued Coverage Beyond the First Three Months:

- The re-evaluation must be performed between the 31st and 91st day after initiating therapy.
- The physician is to document the improvement of the symptoms of the OSA. There must be documentation of adherence to the PAP therapy.

The adherence to the therapy is accomplished through direct download or visual inspection of usage data reviewed and documented by the physician. The beneficiary must be using the PAP device =>4 hours per night 70% of nights during a consecutive thirty (30) day period anytime during the first three (3) months of use.

Beneficiaries that fail the three month trial period are eligible to re-qualify with:

A clinical re-evaluation by the treating physician to determine the reason for failure to respond to PAP therapy;
Repeat sleep test in a facility based setting. This may be a repeat diagnostic, titration, or split-night study.

If a CPAP device is tried and found ineffective during the initial 3 month home trial, substitution of a BiPAP does not require a new initial face to face exam or a new sleep study. If a CPAP Device has been used for more than 3 months and the patient is switched to a BiPAP:

1. A new initial face to face exam is required.
2. A new sleep study is not required.
3. A new 3 month trial would begin for the use of the Bipap.

Beneficiaries changing from CPAP to BiPAP, we must have more documentation other than “CPAP tried and failed” written on the RX.

- The beneficiary tried but was unsuccessful using the CPAP.
- Multiple interface options have been tried and the current one is the most comfortable.
- The exhalation with the current pressure of the CPAP is preventing the beneficiary from tolerating the therapy.
- Lower pressure settings of the CPAP have failed to control the OSA or reduce the AHI/RDI to acceptable levels.

Medicare requires that it is a physician (MD, DO, or DPM), physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS) perform the office visit examination with the beneficiary. The chart note from the office visit exam must be signed and dated by the author of the note. If completed by a PA, NP, or CNS, the physician (MD, DO or DPM) must cosign and date the note.

MICHIGAN LOCATIONS

CENTER LINE

Corporate & Retail Location
26834 Lawrence
Center Line, MI 48015
586-755-2300
888-BINSONS
Fax: 586-755-2322

ANN ARBOR

814 Phoenix Dr
DEARBORN
5250 Auto Club Dr
EASTPOINTE
21571 Kelly Rd

FARMINGTON HILLS

Tri-Atria Building
32255 Northwestern Hwy
FLINT
G-4433 Miller Rd
LIVONIA
13450 Farmington Rd

LIVONIA

St. Mary Mercy Hospital
36475 5 Mile Rd
ROYAL OAK
30475 Woodward Ave
STERLING HEIGHTS
43900 Schoenherr Rd

SOUTHGATE

18800 Eureka Rd
TROY
6475 Rochester Rd
FLORIDA LOCATION
LONGWOOD
830 S. Ronald Reagan Blvd
866-928-0003
