



Kepro/Hillsborough (HCHCP) Prior Authorization

CPAP Questionnaire

CPT CODE: E0601

Initial Request

Q1 Age >18 years old

Q2 Did the patient have a face to face encounter with the physician, physician assistant, nurse practitioner or clinical nurse specialist during the 6 month period preceding the written order?

Q3 Does the patient have a Dx of Obstructive sleep apnea (OSA) by polysomnogram?

Does the patient have a diagnosis of Central or Complex Sleep Apnea?

Does the patient have a diagnosis of neuromuscular condition?

Does the patient have a diagnosis of COPD?

Does the patient have a diagnosis of Thoracic expansion limited or restrictive lung disease?

None of these

Q4 Does the patient have any of the following?

No prior treatment with continuous positive airway pressure (CPAP)

Daytime symptoms of sleep-disordered breathing and failed treatment with CPAP?

Other clinical information (Add Comment):

Q5 Does the patient meet either of the following criterion using the AHI or RDI?

AHI or RDI > than or equal to 15 events per hour (CMS)
with a minimum of 30 events or

AHI or RDI > than or equal to 5 events and < than or equal
to 14 events per hour with a minimum of 10 events and
documented symptoms of excessive daytime sleepiness,
impaired cognition, mood disorders or insomnia.

Q6 Does the patient have any of the following?

Hypertension or history of CVA

Ischemic heart disease
Symptoms of Daytime sleepiness or sleep-disordered
breathing

Other clinical Information (Add Comment)

No heart Failure
No COPD
No central Sleep Apnea
No hypoventilation syndrome

Daytime symptoms of sleep-disordered breathing
Diagnosed by attended facility based polysomnogram
CPAP failed to improve daytime symptoms of sleep-
disordered breathing or continuous positive airway pressure
(CPAP) not indicated
Other clinical information (Add comment)

Renewal Request

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 ≥ 4 hours per night on 70% of nights during a consecutive thirty (30) day period anytime 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 as not medically necessary.

Beneficiaries who fail the initial 12 week trial are eligible to requalify for a PAP device but must have both:

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 (Type 1 study).