

Medicare DMEPOS began formally providing a benefit for oral appliance therapy in the treatment of obstructive sleep apnea in January 2011. Since that time, Medicare has continued to clarify its guidelines for benefits. The receipt of Medicare required documentation does not guarantee that the patient is eligible for benefits. However, missing documentation ensures that Medicare will either deny the claim, or worse yet, may seek repayment at a later date.

Only a dentist may file a claim to Medicare for an oral appliance to treat obstructive sleep apnea.

## **MEDICARE DOCUMENTATION REQUIREMENT FOR ORAL APPLIANCE BENEFIT**

- Diagnostic overnight sleep study report
  - ❖ Must be signed by a sleep physician along with their legibly printed name and credentials (MD, DO, PhD), or must be digitally signed by a sleep physician.
  - ❖ The test must be performed in a Medicare accredited sleep lab/center, or it must be a Medicare approved home sleep test.
  - ❖ The sleep study must be less than 6 months old at the time of oral appliance delivery, unless there is a clear written explanation from a treating clinician as to the reason for the delay. Absent a clear, compelling explanation, older test results are deemed not sufficient to justify payment by Medicare.
  - ❖ Important: If no current sleep study is available, and a new diagnostic sleep study is ordered for the patient, the patient must have received a face-to-face visit with a physician, nurse practitioner, clinical nurse specialist, or physician's assistant **prior** to the new diagnostic sleep study. A signed copy of the clinic note is needed from this visit, with clear documentation that a recommendation to have the sleep study was made and why. See details below.
- Written order for an oral appliance to treat sleep apnea from the patient's physician, nurse practitioner, clinical nurse specialist, or physician's assistant. This does not need to be the same clinician as the provider of the face-to-face meeting.
  - ❖ Must be signed by the patient's physician/nurse/PA along with their printed name and credentials, or it must be digitally signed by the physician/nurse/PA.
  - ❖ Must be dated after the diagnostic sleep test and before the billing date for the oral appliance. An order dated prior to interpretation of the diagnostic sleep test is not considered valid by Medicare.
- Physician clinic note that documents a face-to-face meeting with the patient occurred prior to the diagnostic sleep study
  - ❖ Must be dated prior to the diagnostic sleep test
  - ❖ Must specifically include the physician's referral for a diagnostic sleep study
  - ❖ Must be signed by the patient's physician/nurse/PA along with their printed name and credentials, or it must be digitally signed by the physician/nurse/PA.
- If the patient was treated with CPAP, BiPAP or other PAP therapies within the previous 5 years, a copy of the medical provider's clinic note that documents intolerance to the PAP therapy will also be needed.
- Patients with AHI between 5-29 on their diagnostic sleep study do not require a CPAP trial. Thus, oral appliance therapy may be prescribed as first-line therapy. Patients with an AHI $\geq$ 30 on their diagnostic sleep study must have either documented failure of treatment with CPAP or the medical record must document that the patient is not a suitable candidate for CPAP. Patients with AHI <5 are not eligible for benefits.
- Patients with AHI between 5-14 on their diagnostic sleep study, must have an accepted sleep related comorbidity. These may include excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, hypertension, ischemic heart disease, or stroke.
- For PSG, Medicare accepts only AHI (4% desaturation). The RDI is not accepted and RERAs are specifically excluded.

For HSAT, Medicare accepts AHI (4% desaturation) or RDI (4% desaturation). However, RERAs are specifically excluded from the calculation.