



# Obstructive Sleep Apnea Awareness

## Positive Airway Pressure and Insurance: What Your Patient Should Know

### **Does insurance cover positive airway pressure (PAP) equipment?**

Most private health insurance policies cover PAP equipment; however, the level of coverage and rules for coverage will depend on your patient's specific insurance policy.

Medicare generally covers a 3-month trial for PAP therapy, during which the patient's adherence and response to the treatment are monitored. If they meet Medicare's criteria, they will qualify for coverage to continue using their device.

#### *What are the purchase options?*

Your patient's insurance provider may require them to buy or rent the PAP device. Usually, if paying through insurance, what they pay out-of-pocket should be the same, regardless of whether they rent or buy.

#### *Buy the device through insurance*

The patient may be required to purchase the device by their insurer. This would require that they pay for the device up front, with the cost depending on their insurance deductible and out-of-pocket limits.

#### *Rent the device through insurance*

Your patient's insurer may require that they rent the device instead of purchasing it outright. The patient would pay monthly installments on the device for a set period, usually between three to 10 months, after which they would own the device.

#### *Self-Pay*

Self-pay is an option that may be cheaper than going through insurance for both the device and supplies. Many durable medical equipment (DME) and online providers have lower prices for cash purchases vs. insurance. Using this payment method, your patient would not be subject to adherence criteria set by their insurer.



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## What is “adherence”?

The Centers for Medicare and Medicaid Services (CMS) requires an individual to use their PAP device for at least four hours per night on 70% of nights during a consecutive 30-day period (during the first three months of usage). This means that in a 30-day period, your patient must have used the device for at least four hours on at least 21 days during that period to be deemed “adherent.” Many private insurers use CMS guidelines; however, patients should confirm directly with their insurer to determine specific adherence requirements.

Usage data is collected and is either remotely transmitted to the DME company or physician/office where the device has been obtained, or it is downloadable from a memory card in the device. This information is shared with their insurance provider to determine whether the patient is adherent with their usage requirements.

If they are not adherent, their insurer may stop paying for the device, supplies, and/or other sleep care services.

## Purchasing Supplies

Your patient will also need to purchase supplies for your device (mask, hose, etc.) which need to be regularly replaced. Supplies may be partially covered by insurance if patients remain adherent; however, they may also be cheaper if purchased without insurance.

Encourage patients to confirm how often replacements are covered by the insurer at the start of treatment. Some patients may need to try multiple mask styles before finding the best fit to support usage and be deemed adherent.

*Disclaimer: The information provided in this resource applies to the United States only and may not reflect practices in other locations.*