

Sleep Apnea Education Center

Medicare coverage

Common questions and answers about your Medicare coverage

New to CPAP or BIPAP therapy?

- Complete a face-to-face visit with a doctor or nurse practitioner, where the use of your equipment is discussed. This must be completed between days 31 – 90 after being set up with your equipment.
- You must meet compliance standards and prove the CPAP or BIPAP is used at least four hours a night, 21 out of 30 days (70% of the time).
- During the visit to the doctor, it must be documented that you are benefiting from your therapy.

Medical need for ongoing therapy

To ensure you get the coverage you need for ongoing therapy you must have:

- Yearly follow-up with your doctor or nurse practitioner, or
- New order from a doctor for replacement CPAP or BIPAP mask and supplies

New to Medicare?

Once Medicare is effective, a visit to the doctor needs to occur. At the visit:

- Document that you have a CPAP or BIPAP
- Document that you are benefiting from your device

Trying to replace current supplies?

When trying to replace existing supplies, Medicare requires that we document the need for replacement. This is called “Medical Necessity.” Failure on our part to do so could result in Medicare not providing coverage for the needed supplies. Below are examples of “medical necessity”:

- Dirty
- Cloudy
- Discomfort
- Cracked
- No longer soft
- Discolored
- Cracked
- Leaking
- Stretched
- Infestation
- Buildup
- Damaged
- Torn

Please keep us informed of changes:

Please notify the IU Health Sleep Apnea Education Center team if and when any of the following change:

- Change of doctor (care provider)
- Change of insurance
- Change of shipping and/or billing address



Indiana University Health

You can call us at **888.802.9791**.
Learn more at iuhealth.org/CPAP.