



Gammie HomeCare

Compassionate. Knowledgeable. Solutions.

Maui

292 Alamaha St.

Kahului, HI 96732

P: (808) 877-4032

F: (808) 442-0409

Kauai

3206 Akahi St.

Lihue, HI 96766

P: (808) 632-2333

F: (808) 442-0409

Bilevel Sleep Therapy Insurance Coverage Criteria

1

Prescription of Ordered Item

1. A centimeter of water pressure (cwp) setting must be included for both the inhalation (IPAP) and exhalation (EPAP) setting. Auto Bilevels have setting ranges of 3-25 cwp.
2. Heated humidification, must be prescribed in addition to the unit (recommended)

2

Medical Record Documenting:

1. Face to Face physician evaluation prior to sleep study to include sleep history and symptoms of OSA.
2. Diagnosis of Obstructive Sleep Apnea. In some cases, secondary symptoms (hypersomnolence, hypertension, insomnia, etc.) must be listed to help determined qualification.
3. Sleep Study (Polysomnography Report) - must include an Apnea – Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) to determine coverage.
4. CPAP was tried and failed (did not adequately control symptoms of OSA or improve sleep quality or reduce AHI/RDI to acceptable levels) OR patient has a diagnosis of Central Sleep Apnea, Complex Sleep Apnea, Restrictive Thoracic Disorders or Severe COPD. (Please call and speak with a Respiratory Therapist for additional documentation needed if the patient has one of these diagnoses.)

3

Letter of Medical Necessity

(Form supplied by Gammie HomeCare if medical documentation qualifies patient for insurance coverage.)