

PAP Compliance & What it Means to You

What is PAP compliance?

CPAP or BiPAP® is commonly called “PAP.” It is a Positive Airway Pressure (PAP) system that is used to treat various forms of sleep apnea. Most insurance companies have certain rules for using PAP equipment. The specific requirements will differ depending on your insurance policy.

Why is compliance important?

Compliance is important because you **must** meet certain requirements in order for your insurance company to approve paying for the equipment beyond the compliance trial (depending on the insurance, could be 3 or 4 months). If you **don't** meet the rules of your insurance company, they will **not** continue to pay for the equipment or supplies. Most insurances consider the PAP unit purchased out and “patient owned” after 13 months.

What are some requirements of compliance?

Most insurance companies have a two-part requirement for compliance PAP therapy.

1. Using the PAP therapy for a certain number of hours per night (good usage will only count if there is a good mask seal).
2. You must see your physician (or other approved provider) **no sooner** than your 31st day of beginning the therapy.

(Please note that some insurance companies require the physician's appointment to be no sooner than the 32nd day of therapy).

What is Non-Compliance?

Non-Compliance is when you have **not** met the specific requirements of your insurance company for PAP usage. The following are reasons some people don't meet compliance:

- Did not **use** the PAP therapy enough
- Did not **follow up** with a "Face-to-Face."
- No benefits from the therapy (seeing an improvement in symptoms.)

Face-to-Face – Physician Visit

What are benefits of therapy?

Most insurances require a physician's note stating you are benefiting from the PAP therapy. Some physicians may document a before/after comparison of your symptoms. Your physician may conclude that there are improvements in your symptoms or you stopped having symptoms altogether. Benefits could possibly include, "increased energy, less sleepy, etc.,"

What is a Face-to-Face?

Most insurance companies require you to meet with your physician (or other approved provider) "Face-to-Face" in a clinical setting, usually an office visit. During this visit you need to:

- Discuss with your physician specifics of your therapy
- How often (amount of hours) you are using the therapy
- Physical benefits or improvements in symptoms you have noticed since starting the therapy.

Note that a telephone note **will not** be considered as a "Face-to-Face" note.

Who can help me meet compliance?

You are working in partnership with MedEQUIP and the **Respiratory Technician**. The Respiratory Technician is the staff member who will provide:

- Mask fittings
- Equipment training
- Help track your PAP compliance

It is both MedEQUIP and the respiratory technician's goal, to help you find comfort in your new PAP therapy, while meeting the requirements for compliance of your insurance company. Your respiratory technician will inform you of the date span that is acceptable to meet compliance.

How do insurance companies prove compliance?

Usage

Most insurance companies have specific hour requirements for using the therapy **per night**. Your usage will be

- Captured in number of hours per night.
- Considered as starting at **noon on one day through noon on the following day**.
- Usage is **not continuous** hours, back-to-back.
- Usage can be accumulative, or add up during the noon-noon previously stated time frame.

Modem

Most PAP equipment contains a wireless monitoring system called a modem. This is helpful to both you and your respiratory technician because they have

the ability to view how much you are using the therapy and other specific details of therapy without needing to come into the office.

Smart Card/SD Cards

Other PAP devices have a slot in back of the device where a small data card will fit, this is called a smart card or SD card. This card captures data on how often you are using therapy. If a device does not have a modem, the data card will need to be brought in to our office to be downloaded. The data download would be printed off and used as proof of therapy usage, as required by your insurance company.

What will I have to do if I have not met compliance?

ABN

If you have not yet met the compliance guidelines, you will be asked to sign an ABN. ABN stands for “Advanced Beneficiary Notice of Non-Coverage.” Your insurance will only pay for the first few months of therapy (compliance trial period.) If we cannot prove to your insurance company that you are using the therapy as per their rules, they will **not** continue to pay for the equipment beyond these first few months. By signing the ABN, you will be agreeing that you are financially responsible to pay for the continued use of the equipment and supplies, until you have met all the compliance rules.

Re-qualify

Some insurance companies allow you to re-qualify for another compliance trial period if you have **not** met the previous compliance trial. Re-qualifying rules are different based on your specific policy. Some insurance companies will require you to have the following before a new compliance trial can begin:

- **Repeat sleep study and**
- **Another “Face-to-Face” visit with your physician and**
- **Another prescription**

In some cases, insurance companies will require **specific reasons** why you did **not** meet the compliance rules and what **changes** in therapy that your physician recommends for the next compliance trial period.

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