

## Are you a Medicare patient who has had your CPAP for more than 90 days but less than five years?



These steps **MUST** be followed to have Medicare cover a portion of the cost of your oral appliance.

### PHYSICIAN:

- Schedule an appointment with the physician who wrote the prescription for your CPAP machine.
- Ask your physician for a note which explains why you are CPAP intolerant or noncompliant.
- Ask your physician for a prescription for a custom-fabricated mandibular advancement oral appliance. *Make sure that your physician provides your dentist with proof that:*
  - You have had a face-to-face evaluation by a physician prior to a sleep test to assess you for obstructive sleep apnea.
  - You have had a Medicare-covered sleep test.
  - The oral appliance was prescribed following a review of the report of the sleep test. (Note: the physician who provides the order for the oral appliance could be different from the one who performed the evaluation).
  - The oral appliance is reasonable and necessary, as explained in your physician's notes.

### DME SUPPLIER:

- Return your CPAP machine to the DME supplier and cancel any auto supply refills that you may have set up.
- Get a signed receipt from the DME supplier documenting that the CPAP machine was returned.

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### DENTIST:

- Schedule an appointment to get your custom-fabricated oral appliance from your dentist.
- Your dentist will ask you to sign an intolerance to CPAP affidavit.
- Your Medicare claim will automatically be denied but ask your dentist to file an appeal.
- Your dentist should fill out the appeal form found here:  
<https://www.medicare.gov/forms-help-and-resources/forms/medicare-forms.html#collapse-4457>

#### The following must be submitted with the appeal form:

- The signed receipt from the DME supplier confirming that the CPAP machine was returned.
  - The intolerance to CPAP affidavit signed by you
  - Documentation from your physician which explains why you were unable to continue to use CPAP and that an oral appliance is reasonable and necessary.
- Make sure your dentist submits the appeal within 120 days of the date of the Medicare denial notice.