

Are you a Medicare patient who has had your CPAP for 90 days or less?



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.
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- Ask your physician for a note which explains why you are CPAP intolerant or noncompliant.
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- Ask your physician not to submit the 90-day CPAP recertification letter. Not submitting the letter causes Medicare reimbursement for CPAP to stop.
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- 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.
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 - You have had a Medicare-covered sleep test.
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 - 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).
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 - The oral appliance is reasonable and necessary, as explained in your physician's notes.

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DME SUPPLIER:

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

DENTIST:

- Schedule an appointment to get your custom-fabricated oral appliance from your dentist.