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Why Nasal CPAP/BiPAP Therapy Is Needed

Both CPAP and BiPAP therapies use Continuous Positive Airway Pressure to treat Obstructive Sleep Apnea (OSA).

Common Signs and Symptoms of Obstructive Sleep Apnea are:

- Loud Snoring
- Excessive Daytime Sleepiness
- Restless Sleep (may include moving of arms and legs)
- Morning Headaches
- Slight Disorientation/Memory Lapses
- Irritability
- Personality Changes
- Breaks/Pauses in the Patient’s Breathing During Sleep

Obstructive Sleep Apnea is a sleep disorder that occurs when the airway is obstructed or blocked. As a result, no air is moving into or out of the lungs (this is called an Apnea). The obstruction may be due to a variety of factors including loss of muscle control over the tongue. This may cause the tongue to fall back against the airway and block and/or collapse the soft palate (this is the soft part on the roof of your mouth) over the airway causing an obstruction.
You breathe differently when you are sleeping versus awake. During sleep, your muscles relax, your airway narrows and your body exerts less of an effort to breathe. During an episode of sleep apnea, the brain causes your body to awaken slightly without even realizing it, to restart your breathing. Episodes of apnea can last from just a few seconds to over a minute and can occur hundreds of times throughout the night. With each breath you take oxygen is being brought into the lungs, absorbed into the blood, and then distributed to your organs and tissues. Also, carbon dioxide should be exhaled. During apnea episodes, the oxygen content of the blood decreases and carbon dioxide levels increase. This causes the blood pressure to rise, which puts stress on the heart and other organs. This constant interruption of deep sleep results in a loss of restful, healthy sleep and generally causes daytime sleepiness.

Your CPAP/BiPAP unit treats Obstructive Sleep Apnea by providing low pressure airflow to your airways by means of a nasal mask that fits over the nose, a full face mask that fits over your nose and mouth or nasal pillows which are inserted into the nostrils. The continuous air pressure holds the airway open, preventing the collapse of the palate and tongue over the airway passage. This allows for normal breathing and uninterrupted sleep.

Diagnosing and treating your Obstructive Sleep Apnea is important. When untreated, it can greatly affect other areas of your health.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug-Resistant Hypertension</td>
<td>80%</td>
<td>Logan et al. <em>J. Hypertension</em> 2001</td>
</tr>
<tr>
<td>Overweight</td>
<td>77%</td>
<td>O’Keefe, Patterson, <em>Obes Surgery</em> 2004</td>
</tr>
<tr>
<td>Diabetes</td>
<td>50%</td>
<td>Einhorn et al. <em>Amer Diab</em> 2005</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>50%</td>
<td>Javaheri et al. <em>Circulation</em> 1999</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>45%</td>
<td>Somers et al. <em>ATS Pres.</em> 2004</td>
</tr>
<tr>
<td>All Hypertension</td>
<td>35%</td>
<td>Sjostrom et al <em>Thorax</em> 2002</td>
</tr>
</tbody>
</table>
Useful Information for CPAP/BiPAP Patients

Your PAP device will provide treatment of your sleep disorder and should be used every night (and daily for any naps).

1. It takes most PAP patients a few weeks to become comfortable with PAP use. The biggest change that is noticed by all patients is they no longer feel sleepy during the day.

2. During the first few weeks of treatment you may experience some sneezing and perhaps a sensation of nasal obstruction. This is normal; this is the most common side effect of PAP therapy. This is associated with the drying and cooling of the upper airway by the continuous airflow of your PAP unit. This will make your throat and nose feel very dry. Many times this is easily resolved with the use of your humidifier, possibly using a saline nasal rinse, and becoming accustomed to the daily use.

3. Since you will now be getting deeper and more restful sleep with your PAP, you may not need to sleep as many hours per night in order to awake the next morning feeling rested.

4. Try to go to bed and get up about the same time every day. This will help your body to establish a regular sleep/wake cycle.

5. PAP treatment may help to lower your blood pressure if you suffer from hypertension. If you are taking any blood pressure medications make sure all of your care physicians know that you are using a PAP unit for treatment of your OSA. Never change the use of blood pressure medications without the approval of your physician.

6. If you are a loud snoring person, this should be reduced or eliminated when you use your PAP unit. If a family member notices that you are beginning to snore loudly again while wearing the unit, inform your doctor. You may need an adjustment to your PAP pressure.

7. If you develop a cold, sinus infection or any upper airway infection while using the PAP discontinue use and contact your physician. Your physician may prescribe an over-the-counter decongestant. If the symptoms are not resolved and you develop a fever contact your primary care physician. You may resume PAP use after you are able to breathe freely through your nose.

8. The PAP machine is designed to eliminate the interruption of your respirations during sleep at your current weight. However, if you are overweight, weight loss generally will improve your overall health and could allow your physician to decrease the air flow pressure on your PAP. (In some cases, weight loss may enable the discontinuation of PAP completely) If you gain weight, your physician may need to increase the pressure of your PAP unit. It is imperative that you complete your follow up appointments with your ordering physician to track and monitor these changes.
9. If you require surgery or hospitalization for any reason, make sure that you inform your admitting physician of your OSA diagnosis and the need for continuous use of your PAP unit. Please take your PAP unit with you to the hospital, and use it during your hospitalization, especially when you are sedated before and after surgery.

10. If you experience a power failure at home while on PAP, relax and remove the mask from your face. If you awaken to find no power and still have a mask on, you are in no danger of suffocating or retaining carbon dioxide in the mask as the mask systems are now equipped with exhalation ports. Simply remove the mask and return to sleep.

We hope you find this information helpful and useful.

If you have any other detailed equipment questions please contact Sound Oxygen Service.

If your more detailed questions are related to your health condition OR your PAP pressure settings please contact your prescribing physician.
# Cleaning Instructions for CPAP/BiPAP

## Masks:

- **Cushions:** DAILY wash, rinse and hang/air dry. Once a week disassemble ALL parts of the mask. Wash and disinfect with mild soap (Johnson's Baby Shampoo) or in solution of one part vinegar and three parts water. Hang/air dry. **Replace mask cushion once a month; the entire mask every 3 months.**

- **Nasal Pillows:** DAILY take out of headgear assembly, wash, rinse and hang/air dry. Once a week disassemble ALL parts of the mask. Wash and disinfect in solution of one part vinegar and three parts water. Hang/air dry. **Replace nasal pillows once a month; the entire mask every 3 months.**

- **Nasal Prongs:** DAILY remove the prongs from tubing, wash, rinse and hang/air dry. Once a week, disassemble ALL parts of the mask. Wash and disinfect in solution of one part vinegar and three parts water. Hang/air dry. **Replace this nasal system every 3 months.**

- **Mask Headgear:** WEEKLY wash the entire headgear assembly, rinse very well and allow to air dry. **NEVER** put this item in your home dryer. **Replace the headgear every 6 months.**

## Equipment & Tubing:

- **CPAP / Bi-Level Machine:** ONCE A WEEK clean with a damp cloth wiping only the surface area. **DO NOT** use harsh chemicals such as 409 or Pine Sol, etc.

- **PAP Tubing:** DAILY remove the tubing from the PAP/Humidifier connection and hang over shower rod or door to drain and dry. Once a week wash the tubing thoroughly, rinse and air dry. **Replace all tubing every three months.**

- **Humidifier Chamber:** DAILY empty and re-fill the chamber with distilled water up to the chamber’s fill line. ONCE A WEEK soak the humidifier chamber and wash in disinfectant solution. Rinse and rack dry. **Replace this chamber every six months.**

## Filters:

- **Black Sponge:** ONCE A WEEK, wash in mild Johnson’s Baby Shampoo, rinse and air dry. **Replace every 6 months.**

- **White Only Filter:** TWICE A MONTH check filter. If gray or discolored throw it away and replace with a new filter. **Replace 1-2 times a month as needed.**

- **White/Blue Meshed Filter:** TWICE A MONTH check filter. If gray or discolored throw it away and replace with a new filter. **Replace 1-2 times a month as needed.**

- **Pink and Yellow Strip Filters:** ONCE A MONTH check filter. If gray or discolored throw it away and replace with a new filter. **Replace 1-2 times a month as needed.**

- **BI-WEEKLY** check the filter on the PAP and change as necessary at least once a month.

## Disinfecting Method:

This will work for all mask types, headgear, tubing and humidifier chambers:

Use mild soap (Johnson's Baby Shampoo) or mix 1 part white vinegar to a 3 parts water solution. After washing and rinsing items, soak all items in the solution for 30 minutes. Rinse them well, drain and air dry.
Cleaning your Humidifier

Note:

Most of you have a heated humidifier, only immerse the humidifier tub in soapy water or disinfectant. Never immerse electrical appliances in any form of liquid and never clean any portion of your CPAP/Bi-Level unit with alcohol, cleaning solutions containing alcohol, bleach or any strong household cleaners.

Weekly Cleaning

Step 1: Wash your hands before making any contact with the humidifier assembly parts.

Step 2: Empty any remaining water out of the reservoir after each use.

Step 3: Weekly, immerse the humidifier in warm, soapy water (Johnson’s Baby Shampoo) and shake vigorously.

Monthly Cleaning

Clean once a month with white vinegar solution (one part white vinegar/three-parts water), rinse and hang/air dry.

Replace the Entire Humidifier Chamber

Every Six Months.
Possible Physical Problems

If you experience any of the following physical problems while on CPAP/Bi-Level positive air-way pressure devices, call your doctor (note: call Sound Oxygen Service for all equipment and supplies questions). These changes can be immediate or appear over time:

- Increased mucus production
- Mucus becomes thicker
- Change in mucus color
- Headaches
- Chest pain
- Weight gain overnight
- Nasal, sinus or ear pain
- Persistent skin irritation
- Increased sleepiness
- Gastric distention

If you are experiencing any trouble with your machine, please do not attempt to open the unit and service yourself. These are self contained machines and require shipment to the manufacturer for repair and service. The life expectancy for these units is 5 years. Please call Sound Oxygen Service @ 877-269-0405 for support and direction of service.
Hand Washing Technique:

Your hands must be clean prior to handling any CPAP/Bi-Level supplies and solutions. Wash your hands before beginning any procedure. Our hands carry natural oils and dirt that add in the wear and break down of these very delicate mask systems and components.

Step 1: Wet hands thoroughly with warm water.

Step 2: Use antibacterial soap.

Step 3: Wash hands thoroughly using a rotary motion and friction.

Step 4: Wash both the backs and palms of each hand and in between each finger.

Step 5: Rinse both hands completely under warm running water.

Step 6: Use a “fresh” hand towel or paper towel to dry.
Safety Precautions

Using your CPAP/Bi-Level equipment safely:

**Never immerse the CPAP or Bi-Level unit in the water**
Never try to clean the unit by placing it in water. The electrical components will be damaged and this can create an electrical shock to the user the next time it is plugged into an electrical outlet.

**Never plug the unit into an outlet if wet or damp**
Moisture always increases the potential of electrical shock.

**Never plug your unit into an electrical outlet that is being used to supply power to another major appliance.**
Always plug your unit into an electrical outlet that is NOT being used to supply electricity to other major appliances. If you need to use the same outlet, make sure both pieces of equipment are NOT being used/turned on at the same time.

**Never try to repair your CPAP or Bi-Level unit**
Your unit is a self contained unit and if repair or service is needed this needs to be completed by a service professional. Each unit has a 3 year warranty. If your equipment needs repair or replacement within the 3 years call SOS for diagnosis and a replacement or loaner unit. If the equipment is between 3 and 5 years old, your insurance company or you the patient would be responsible for the cost to repair or replace the unit.

**CPAP/Bi-Level Warranty**

Your CPAP or Bi-Level unit is under a 3 year warranty from the manufacturer and SOS starting from the date you were set-up on the prescribed unit. If your unit should need service within this 3 year period of time please contact SOS @ 877-269-0405. A loaner will be provided and your unit sent to manufacturer repair and service at no charge.

If your unit needs service after your warranty period expires, please contact SOS and a rental unit will be provided to you while your patient-owned unit is shipped to the manufacturer for estimate, repair and service. Your insurance company or you the patient will incur the repair and shipping costs.

If your CPAP / Bi-Level unit is over 5 years old and deemed un-repairable, your physician will dispense a new prescription for a replacement unit.
## Common Problems and Their Solutions

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>PROBABLE CAUSE</th>
<th>SOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore or dry eyes</td>
<td>Mask and/or Headgear not positioned properly</td>
<td>Re-apply the mask and re-adjust the headgear straps.</td>
</tr>
<tr>
<td></td>
<td>Mask not fitted correctly</td>
<td></td>
</tr>
<tr>
<td>Redness on the face where mask contacts the skin</td>
<td>Irritation or allergy to the mask material</td>
<td>Use a barrier between your skin and the mask such as a Comfort Care Pad (provided by SOS), or a product like RoEzIt or Mole Skin. If problem persists contact SOS.</td>
</tr>
<tr>
<td>Runny Nose</td>
<td>Nasal reaction to the forced air flow from CPAP/ Bi-Level</td>
<td>Many times this is easily resolved with the use of your humidifier, possibly using a saline nasal rinse, and becoming accustomed to the daily use. If problem persists contact your physician.</td>
</tr>
<tr>
<td>Cold Nose</td>
<td>Room air temperature is too cold; air cools while traveling through the tube</td>
<td>Apply a Tube Cozy, or wrap your tubing to reduce the heat loss.</td>
</tr>
<tr>
<td>Dryness or burning sensation in the throat or nose</td>
<td>Air is too dry The relative humidity is less than 40%</td>
<td>• Increase the room humidity and humidifier setting on your machine.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contact your physician about adding a humidifier to your system.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ask your physician about nasal sprays or gels.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Discuss with your physician the possible use of a chinstrap to keep your mouth closed.</td>
</tr>
<tr>
<td>Nasal Sinus or Ear Pain</td>
<td>Sinus infection or middle ear infection</td>
<td>Stop using the unit and contact your physician.</td>
</tr>
<tr>
<td>Feeling of discomfort from too much pressure</td>
<td>Pressures above +12CMH20 may cause some discomfort but are necessary with severe OSA</td>
<td>It may take you up to four weeks to adjust to your system. Try to relax when using the unit. Take slow deep breaths through your nose with your mouth closed. If you still experience difficulty contact SOS to have Unit Pressures checked and/or unit repaired or replaced. Remember, only your physician can have your pressures changed, by changing your prescription.</td>
</tr>
</tbody>
</table>
## Troubleshooting

<table>
<thead>
<tr>
<th>TROUBLE</th>
<th>PROBABLE CAUSE</th>
<th>REMEDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Pressure seems significantly lower or higher than usual.</td>
<td>Possible unit malfunction</td>
<td>Contact SOS to have Unit Pressures checked and/or unit repaired or replaced.</td>
</tr>
<tr>
<td>Air from the Unit seems warm.</td>
<td>The Filter may be blocked OR the Filter cover may be blocked by curtain/bed sheets</td>
<td>Replace or clean the internal Filter.</td>
</tr>
<tr>
<td>Unit seems too loud</td>
<td>Patient is not used to the new unit (adjusting takes 1 to 2 weeks)</td>
<td>If this is NOT a new unit, please contact SOS as the Blower Assembly or other internal parts could be malfunctioning. Keep in mind the life expectancy of your CPAP is 5 years.</td>
</tr>
<tr>
<td></td>
<td>Older CPAP may have malfunctioning blower unit</td>
<td></td>
</tr>
<tr>
<td>Unit does not turn on</td>
<td>Power Cord not firmly connected to the unit</td>
<td>Verify proper electrical connections. Check to be sure that the unit is plugged into a live outlet (e.g., plug a working lamp into the same outlet).</td>
</tr>
<tr>
<td></td>
<td>Unit not connected to a “live” outlet</td>
<td></td>
</tr>
<tr>
<td>Unit stops and starts on its own</td>
<td>Power plug not completely connected to the unit or the outlet</td>
<td>Verify the power plug connection on both ends.</td>
</tr>
<tr>
<td></td>
<td>Or the auto-on feature may be activated on your unit</td>
<td>Have SOS check your unit in the programming mode to see if the auto-on/mask feature is enabled.</td>
</tr>
</tbody>
</table>
How to get the most out of your CPAP/BiPAP mask and supplies

How long does a mask typically last?

Sleep therapy masks used in the home tend to last three to six months depending on several factors that greatly impact how long the product can provide effective therapy. Those factors include:

• Cushion seal deterioration due to the effects of facial oils and/or acidity
• Proper fitting and sizing at initial mask set-up
• Weight gain or loss
• Frequency and method of cleaning

How do the above factors impact mask life expectancy and therapy?

Seal deterioration
Once a cushion begins to interact with facial oils and acids, the sealing effect of the cushion deteriorates despite proper mask and facial hygiene. As a result, more and more leaks occur. You might react by tightening the headgear and continuing to tighten it over a period of time. While leaks can reduce the effectiveness of PAP therapy, over-tightening causes discomfort and pressure points. The combined result of both issues could lead to reduced usage and effectiveness of your therapy.

Mask cleaning
Help extend the life of your mask by using mild, soapy water rather than soaps with moisturizers or perfumes. We also recommend replacing masks if they become damaged or show signs of aging, such as leakage issues as discussed above, cushions that lose shape or contour, and/or mask components or cushions that become cracked or torn.

How often should I replace my CPAP mask and supplies?

Your supplies should be replaced when they show signs of wear. The replacement schedule for Medicare is shown below (most insurance plans follow these guidelines). Call SOS if you have questions about your plan.

How to order supplies & the “Worry-Free Supplies Replenishment Plan”

SOS will contact you each time you are due for new supplies (typically every 3-6 months) via email or a phone call. We will ask you if you want new supplies or not. If you want supplies we will ship you the supplies that are due to be replaced.

Alternatively, if you need supplies you can call us or email us to place your order:

Supplies hotline:           (877)269-0405
Supplies via email:        sos@soundoxygen.com
Order on our website:      www.soundoxygen.com
<table>
<thead>
<tr>
<th>Equipment:</th>
<th>Code:</th>
<th>Monthly Disbursement:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Face Mask</strong></td>
<td>A7030</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>Covers the nose and mouth. Option for nose and mouth breathers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Full Face Mask Cushion Replacement</strong></td>
<td>A7031</td>
<td>1 per month</td>
</tr>
<tr>
<td>Direct facial contact necessitates daily cleaning and monthly replacement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nasal Mask</strong></td>
<td>A7034</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>Covers the nose only. Mouth breathers may require a chinstrap for use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nasal Mask Cushion Replacement</strong></td>
<td>A7032</td>
<td>2 per month</td>
</tr>
<tr>
<td>Direct facial contact necessitates daily cleaning and twice-monthly replacement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nasal Pillow Mask/System</strong></td>
<td>A7034</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>Mask option with the least facial contact.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nasal Pillow Replacements</strong></td>
<td>A7033</td>
<td>2 per month</td>
</tr>
<tr>
<td>Direct facial contact necessitates daily cleaning and twice-monthly replacement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Combination Oral/Nasal Mask</strong></td>
<td>A7027</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>Nasal pillows and oral mask. Alternative to a full-face mask.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Headgear</strong></td>
<td>A7035</td>
<td>1 per 6 months</td>
</tr>
<tr>
<td>--------------</td>
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<td>----------------</td>
</tr>
<tr>
<td>Wash weekly and air-dry at room temperature. Stretching and fabric deterioration occur over time necessitating replacement.</td>
<td>![Headgear Image]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Chinstrap</strong></th>
<th>A7036</th>
<th>1 per 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>For mouth breathers who do not wear a full-face mask.</td>
<td>![Chinstrap Image]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CPAP Tubing</strong></th>
<th>A7037</th>
<th>1 per 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the interior of the tube stays damp, the heated humidification will encourage bacteria cultures to grow in the hose. Regular replacement is recommended.</td>
<td>![CPAP Tubing Image]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Heated Tubing for Resmed S9</strong></th>
<th>A4604</th>
<th>1 per 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the interior of the tube stays damp, the heated humidification will encourage bacteria cultures to grow in the hose. Regular replacement is recommended.</td>
<td>![Heated Tubing S9 Image]</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Disposable Filter</strong></th>
<th>A7038</th>
<th>2 per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular cleaning and replacement guards against machine damage and contamination.</td>
<td>![Disposable Filter Image]</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Non-Disposable Filters</strong></th>
<th>A7039</th>
<th>1 per 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular cleaning and replacement guards against machine damage and contamination.</td>
<td>![Non-Disposable Filters Image]</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Comfort Care Pad</strong></th>
<th>A7032</th>
<th>1 per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>For redness on the face where mask contacts the skin. A nice option to reduce mask discomfort.</td>
<td>![Comfort Care Pad Image]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Replacement Humidifier Chamber</strong></th>
<th>A7046</th>
<th>1 per 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the interior of the humidifier stays damp, bacteria cultures could grow.</td>
<td>![Replacement Humidifier Chamber Image]</td>
<td></td>
</tr>
</tbody>
</table>
**CPAP/BiPAP Usage Requirements for Medicare Coverage**

*Medicare currently requires* that the following 3 items be met for continued coverage of PAP (after the first 3 months of coverage).

1) **Use of PAP more than 4 hours per night** for at least 21 nights during a consecutive 30-day period; anytime during the first 90 days of initial use. (the machine tracks the usage)

2) After you have demonstrated the consistent use described above, you must have a face-to-face **follow-up visit with your treating physician** between the 31st – 91st day after starting therapy. Your physician must **document** the benefit from PAP therapy.

3) The effects of Obstructive Sleep Apnea decrease as a result of the **consistent PAP device use**.

**Potential for Financial Liability:** If the above criteria are not met, Medicare coverage will be denied. In this case, you would be financially responsible for continued use of the PAP.

**Compliance is good for your health:** *Without nightly use* of the PAP you will increase your risk of: heart disease, high blood pressure, diabetes, depression, poor memory, sexual dysfunction, and weight gain.

If you **use your PAP every night** you can expect to: feel & function better, eliminate snoring, increase energy, reduce risk of heart disease & stroke, and reduce medical expense.

**SOS is here for you.** We are a provider that helps PAP users achieve high rates of compliance. We are committed to helping you sleep, breathe, and live better with consistent use of your PAP. Please call your representative or our toll-free hotline if you have questions about your PAP (877-269-0405).
Payment Information: Insurance & Your Responsibility

We have verified your insurance and you do have coverage for a CPAP at this time (unless you are a cash-pay patient). We will bill the insurance we have on file. We will only bill you for the portion your insurance will not pay. If your policy has cancelled, we will bill you for the balance owed.

Therefore, it is essential that you call the Auburn office at (253) 939-2752 with ALL insurance updates. Every insurance and policy has differences, however most likely your insurance will pay for your CPAP in one of the following ways:

Medicare and plans that follow Medicare rules (also stated on page 16)
Medicare pays for a CPAP in 13 monthly installments. It pays for 80% of the cost after the annual deductible has been met. During the first 3 months, you must use the machine at least 70% of the nights for 4 hours or more, for 30 consecutive days. This is called being compliant. After you are compliant you must go back to your doctor to have him sign off on your compliance. If you are compliant Medicare will then pay for the remaining 10 months and you will own the machine. If you are not compliant, you must either purchase the machine, or return the machine and get a new sleep study and prescription to try again. Unless you have co-insurance you are responsible for 20% of the cost and your annual deductible. Most co-insurance will cover all or most of your 20% and may or may not pay for the deductible.

DSHS
If you have never had a CPAP before, they will purchase the machine for you in the third month. If you have had a CPAP before we have to know before the setup and ask for a prior authorization or they will not pay for the CPAP and you will have to pay for it or return it to us.

Most Premera and Regence plans (Blue Cross/Blue Shield)
Most Premera and Regence plans will allow for the purchase of the CPAP in the first month less your deductible. If you want the machine purchased in the first month, please make sure you write “purchase in the first month” on the delivery form. However, writing that does NOT guarantee that we will be able to purchase your machine according to your preference, that is dictated by your insurance company. You will receive a bill for your whole portion after the insurance pays. If you need to make payments on your portion please call our office.

Other commercial insurance
Your insurance company will pay for your pap machine over 2-15 months. We will bill them and provide the documentation to get them to pay. If prior authorizations are required, we will work with your insurance company to get them. We may call and ask you for additional information if the insurance company requires it. We will only bill you after we have gotten your insurance company to pay all that they will for each month.
Final Reminders: How to be Successful on CPAP/BiPAP

1. Commitment: CPAP is not a quick fix for your problem. It involves a long-term commitment to improve your sleep and your health.

2. Communication: Stay in close communication with SOS regarding your equipment and your primary physician. Ask questions and seek help when you need it.

3. Consistency: Use CPAP all night, every night, and for every nap. You will receive the maximum health benefits from CPAP when you use it every time that you sleep. This will also make it easier for your body to adjust to the treatment.

4. Correction. The machine and mask that you try may not be the same one you have five years from now. If you find your current mask is no longer satisfactory, it is important to report your problems to SOS. The solutions are often easily solved. It is important that your mask is a good fit and you learn to use your equipment properly.

5. Challenge. Tell a family member or close friend to ask you each morning if you used your CPAP the previous night. Have someone to challenge you to give it your best effort.

6. Connection: Your adjustment to CPAP will be easier if you are able to connect with others who use the same treatment. Seek out friends, family, neighbors, etc. who have sleep apnea.

7. Completion: Although you are never finished with CPAP therapy, you should reward yourself by celebrating the completion of your first month of treatment. Expect this first month to be your hardest period of adjustment. It will involve some trial and error as you find the machine, mask, and pressure settings that are right for you.

8. Continuation: After your first month of treatment, continue to make a daily commitment to use your CPAP all night, every night and for every nap. CPAP is a long-term commitment, one that could make a dramatic improvement in your quality of life.

How SOS will follow up with you:

- **Time** after the initial set-up/delivery of your new CPAP/BiPAP
  - **24-48 hours**: a call from the person who delivered the equipment to ensure everything is going well.
  - **1 week**: a call from a support specialist to discuss your usage and to troubleshoot any possible issues.
  - **1 month**: a call from a support specialist to discuss your usage and to ensure insurance compliance guidelines are being met. At this time we will also discuss the recommended mask cushions/pillows and filters that need to be changed every month. With approval from the user, a supply for the next 2 months will be sent.
  - **2 months**: a call from a support specialist to discuss your usage and to troubleshoot any possible issues. If needed, ensure insurance company compliance guidelines are being met.
• 3 months (and every 3-6 months thereafter): a call or email from our supplies replenishment program. This call will be to get your approval to send you the supplies the recommended supplies you are eligible for (e.g. mask, tubing, cushion/pillows, filters, humidifier chamber).

Sound Oxygen Service Contact Information

SOS has local support across Washington State and Northern Idaho. Our local offices serve:

• The Puget Sound Region (Seattle, Bellevue, Auburn, Everett, Skagit County, Tacoma, Olympia, etc.)
• The Kitsap & Olympic Peninsulas
• Moses Lake & Wenatchee
• Yakima & The Lower Valley
• Spokane & Coeur d’Alene
• The Tri-Cities (Kennewick, Pasco, and Richland)

Supply re-orders: (877)269-0405

Billing questions: (253) 939-2752

Appointment scheduling: (877) 269-0405

To be routed to a Respiratory Therapist: (877) 269-0405

Fax number: (877)-831-2732

SOS, VP Sales: Bill Kilwine, (253) 332-5637

SOS, VP Operations: Corwin Hudson(253) 303-1892