

BURDA ON HEALTHCARE

Losing Sleep Over Auto-Pay DME Supplies

By David Burda
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The next time you come over, go up to my second-floor office (my daughter's old bedroom) and slide open the closet doors. There's a good chance a piece of durable medical equipment (DME) will fall out onto the floor.

It could be one of the many crutches we've collected over the years from various orthopedic injuries and surgeries. It could be a walking boot in a variety of shapes and sizes. Maybe it's an unused emesis basin a hospital or emergency room sent us home with after a visit.

But most likely it will be supplies for my sleep apnea machine. I have so many still-in-the-package sleep apnea supplies I could open a booth at the weekly French Market in Wheaton, Ill., and make a few extra bucks on the side. Especially if my stand was next to the Cheese Guys, who have the most popular booth at the Saturday market in town. I'm



sure there's a correlation between seniors who like good cheese and seniors who have sleep apnea.

"You know what would pair well with that smoked Gouda? A new water chamber for the humidifier in your CPAP machine. Check this out!"

MY SLEEP APNEA DIAGNOSIS

After a referral from my primary care physician, a sleep doctor diagnosed me with sleep apnea in 2021. Both kinds — central and obstructive. (Country and western, for you Blues Brothers fans.) Because I have both, which is called mixed or complex sleep apnea, a regular CPAP machine won't cut it.

If you're not familiar with sleep apnea, CPAP stands for "continuous positive airway pressure." Your CPAP machine sends a steady stream of air into your nose and/or mouth via a tube and face mask. You adjust the air pressure depending on how much you need to keep breathing when your body makes it hard for you to do so.

I needed something called "adaptive servo ventilation," or ASV. Basically, it's an advanced CPAP machine that senses how you're breathing when you're asleep and automatically adjusts the force of the stream of air that it's pushing into your nose and/or mouth via tube and face mask. If I'm breathing fine, the air pressure is light. If my funky brain tells my respiratory system to stop breathing, the air pressure will be like a gale-force wind. The ASV does all the work.



My machine is the ResMed AirCurve 10 ASV. You can buy a new one for about \$2,500. Mine is five years old, and it's still running like a champ. I'm still here and sleeping better than ever.

REGULAR DELIVERIES OF DME SUPPLIES

Let's get back to my office closet. When I had private health insurance either through my wife's employer or later through my ACA plan, the DME supplier each quarter would automatically send me a big box of supplies for my ASV machine. The supplies would include new headgear (that's the strap that keeps your face mask on), new face masks, new face mask interfaces (that's the thing that connects your face mask to the tube), new tubes with integrated heating elements, water chambers for the humidifier in the ASV machine and packs of disposable air filters for the machine. Separately, the DME supplier each month would automatically send a smaller monthly box with new face masks and air filters.

My out-of-pocket costs were zero. My private health insurance plans covered 100% of whatever the DME supplier billed them. I never saw any paperwork. I never saw any prices. Not one explanation of benefits (EOB) telling me anything about the quarterly and monthly transactions and deliveries. I slept well.

I also clean the supplies for my ASV machine each week. Every supply I mentioned above gets a thorough wash and dry. The only thing I replace is the air filter. I reuse everything else. As a result, after four years of quarterly and monthly deliveries of free supplies for my ASV machine, my closet is full of unused DME equipment still in its sterile plastic wrappers.



\$669 FOR ONE FACE MASK

Enter Medicare.

I turned 65 last year and enrolled in traditional Medicare. That's when the quarterly and monthly boxes of free ASV supplies stopped. I got one last big box of supplies with a letter from my DME supplier that said traditional Medicare pays for a new set of supplies each year, and if I needed more, I'd have to special-order them and pay my share of the cost. I was OK with that, as I have enough unused supplies to sell at the French Market until the Cheese Guys retire.

More importantly, I finally saw what my DME supplier was charging my private health plans for supplies, thanks to an EOB from my Medicare Part B plan. Here are the prices:

- \$669.00 for one face mask
- \$556.00 for two face mask interfaces
- \$159.00 for one air tube with an integrated heating element
- \$97.80 for the one headgear strap
- \$93.50 for one water chamber for the embedded humidifier
- \$55.20 for six disposable air filters



Total charges were \$1,630.50. Medicare approved and paid \$292.29. My out-of-pocket was \$58.45.

Assuming my DME supplier was charging my private health plans the same prices for the same supplies for the previous four years, each quarter and each month, it was making a fortune. The plans were stuck on autopay for ASV supplies that I didn't need or use. Plus, the markup on the supplies must be through the roof. \$278 for one face mask interface? (Think small PVC pipe elbow joint.) \$9.20 for one disposable air filter? (Think 2" x 1 1/4" gauze pad.) The actual cost of the materials must be in the pennies.

EVERYONE WINS EXCEPT CONSUMERS

That said, I have mixed sleep apnea. I have a reliable ASV machine. The ASV machine's supplies work. Together, they all keep me healthier than I would be without them. My annual out-of-pocket costs are minimal.

I also applaud the person at the Centers for Medicare and Medicaid Services who works with traditional Medicare for figuring out that one box of ASV supplies each year is enough for beneficiaries with mixed sleep apnea. All they have to do is keep the supplies clean, and if they need more, let Medicare know.

But if you want to know why healthcare costs in the U.S. are so high and keep rising, it's the prices and the blank checks

commercial health plans sign and send to providers, manufacturers, distributors and suppliers. Consumers ultimately pay the bill through higher premiums. I have the receipts, as they say, in my office closet.

An estimated one billion people suffer from obstructive sleep apnea alone worldwide, according to one [study](#) published in 2019 in *Lancet Respiratory Medicine*. [ResMed](#) funded the study. That's the same DME company that makes my ASV machine.

Now that's something to lose sleep over.

AUTHOR



David Burda began covering healthcare in 1983 and hasn't stopped since. Dave writes this monthly column "Burda on Healthcare," contributes weekly blog posts, manages our weekly newsletter *4sight Friday*, and hosts our weekly Roundup podcast. Dave believes that healthcare is a business like any other business, and customers — patients — are king. If you do what's right for patients, good business results will follow.

Dave's personal experiences with the healthcare system both as a patient and family caregiver have shaped his point of view. It's also been shaped by covering the industry for 40 years as a reporter and editor. He worked at Modern Healthcare for 25 years, the last 11 as editor.

Prior to Modern Healthcare, he did stints at the American Medical Record Association (now AHIMA) and the American Hospital Association. After Modern Healthcare, he wrote a monthly column for *Twin Cities Business* explaining healthcare trends to a business audience, and he developed and executed content marketing plans for leading healthcare corporations as the editorial director for healthcare strategies at MSP Communications.

When he's not reading and writing about healthcare, Dave spends his time riding the trails of DuPage County, IL, on his bike, tending his vegetable garden and daydreaming about being a lobster fisherman in Maine. He lives in Wheaton, IL, with his lovely wife of 40 years and his three children, none of whom want to be journalists or lobster fishermen.

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