

# bedard

Pharmacy & Medical Supplies 

## Positive Airway Pressure (PAP) Devices

DOCUMENTATION IN MEDICAL RECORDS REQUIRED BY CMS

Documentation Requirements	Key Items to Address
Duration of patient's condition	Why does the patient require the item?
Clinical course	Do the physical examination findings support the need for the item?
Prognosis	Signs and symptoms that indicate the need for the item
Nature and extent of functional limitations	Diagnoses that are responsible for these signs and symptoms
Other therapeutic interventions and results	Other diagnoses that may relate to the need for the item

### Medical records should contain:

#### Initial Coverage (First 3 Months)

##### Positive Airway Pressure Device - E0601

Face to Face (F2F) prior to the sleep test to assess the beneficiary for obstructive sleep apnea (OSA); **and**  
Medicare-covered sleep test that meets either:

- Apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI)  $\geq 15$  events per hour with a minimum of 30 events; **or**
- AHI or RDI  $\geq 5$  and  $\leq 14$  events per hour with minimum 10 events and documentation of:
  - Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; **or**
  - Hypertension, ischemic heart disease, or history of stroke; **and**

Documentation the beneficiary and/or their caregiver has received instruction from the supplier of the PAP device in the proper use and care of the equipment

#### Documentation for Beneficiaries Who Fail the Initial 12 Week Trial

F2F re-evaluation to determine the etiology of the failure to respond to PAP therapy; **and**  
Repeat sleep test in a facility-based setting (Type 1 study)

##### Bi-level Respiratory Assist Device (RAD) without Back-up Rate (E0470)

Beneficiary meets all the criteria listed above for a positive airway pressure device (E0601); **and**

An E0601 PAP device has been tried and proven ineffective based on a therapeutic trial conducted in either a facility or home setting:

- Ineffective defined as documented failure to meet therapeutic goals using an E0601 during the titration portion of a facility-based study or during home use despite optimal therapy
- A new initial F2F if E0601 has been used for more than 3 months and the beneficiary switched to E0470 (a new sleep test is not required)

# bedard

Pharmacy & Medical Supplies ✓

## **PAP – Continued Coverage (Beyond the First 3 Months of Therapy)**

Documentation the beneficiary is benefiting from PAP therapy as demonstrated by:

- F2F re-evaluation by the treating physician between the 31st and 91st day after initiating therapy documenting that symptoms of OSA are improved; **and**
- Objective evidence of adherence to use of the PAP device reviewed by treating physician
  - Adherence is defined as use of the PAP device  $\geq 4$  hours per night on 70% of nights during a consecutive 30 day period anytime during the first 3 months of initial use

## **Beneficiaries Entering Medicare**

Sleep test – documentation the beneficiary had a sleep test, prior to FFS Medicare enrollment, that meets Medicare AHI/RDI coverage criteria in effect at the time the beneficiary seeks replacement PAP device and/or accessories; **and**

Clinical evaluation – following enrollment in FFS Medicare, the beneficiary must have a F2F which documents:

- Diagnosis of OSA; **and**
- The beneficiary continues to use the PAP device

## **Replacement (E0601, E0470)**

Replacement following the 5 year reasonable useful life (RUL) requires a F2F that documents the beneficiary continues to use and benefit from the PAP device

## **Non-Heated or Heated Humidifier (E0561, E0562)**

Beneficiary meets PAP coverage criteria; **and**

Standard written order includes the type of humidification

\*For some items to be covered by Medicare, a written order prior to delivery (WOPD) is required.