

PROVIDER COMPLIANCE TIPS FOR CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICES AND ACCESSORIES



PROVIDER TYPES AFFECTED

Durable medical equipment (DME) suppliers, physicians, and other practitioners who write prescriptions for and dispense Continuous Positive Airway Pressure (CPAP) devices and accessories

BACKGROUND

The Medicare Fee-For-Service improper payment rate for CPAP was 41.4 percent, representing \$253 million in projected improper payments for the 2018 reporting period.

CPAP is a non-invasive technique for providing single levels of air pressure from a flow generator, via a nasal or face mask. The purpose is to prevent the collapse of the oropharyngeal walls and the obstruction of airflow during sleep, which occurs in obstructive sleep apnea (OSA).

CPAP and accessories are covered under the DME benefit ([Social Security Act section 1861\(s\)\(6\)](#)). Provisions set out in National Coverage Determination (NCD) [240.4](#) must be met. Additional policy requirements are outlined in the Local Coverage Determination (LCD) [L33718](#).

REASONS FOR DENIALS

For the 2018 reporting period, insufficient documentation accounted for 87.9 percent of improper payments for CPAP devices. Additional types of errors for CPAP in the 2018 reporting period were no documentation (2.0 percent) and other 10.0 percent).

TO PREVENT DENIALS

The following Medicare coverage and payment guidelines apply to CPAP device claims:

- The use of CPAP is covered under Medicare for beneficiaries with OSA, as diagnosed following a clinical evaluation by a treating practitioner and a sleep study/test confirmation
- The beneficiary and/or their caregiver has received instruction from the supplier of the device in the proper use and care of the equipment
- The beneficiary has a face-to-face clinical evaluation by the treating practitioner prior to the sleep study/test to assess the beneficiary for OSA
- To confirm the OSA diagnosis, a sleep study/test must be ordered by the beneficiary's treating practitioner, interpreted by a qualified practitioner and performed either as:
 - A polysomnogram (PSG) attended by a qualifying practitioner and performed in a sleep laboratory
 - An unattended home sleep test (HST) with a Type II or Type III home sleep monitoring device
 - An unattended HST with a Type IV home sleep monitoring device that measures at least 3 channels

- Initial coverage of CPAP therapy is provided for a 12-week period for beneficiaries whose sleep study findings are indicative of:
 - An Apnea–Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) (calculated on the average number of events per hour) greater than or equal to 15 events per hour
 - AHI or RDI greater than or equal to 5 events and less than or equal to 14 events per hour with documented symptoms of excessive daytime sleepiness, impaired cognition, mood disorders or insomnia, or documented hypertension, ischemic heart disease, or history of stroke
 - Note: Apnea is defined as a cessation of airflow for at least 10 seconds. Hypopnea is defined as an abnormal respiratory event lasting at least 10 seconds with at least a 30 percent reduction in thoracoabdominal movement or airflow and at least a 4 percent oxygen desaturation
- Continued coverage is dependent upon practitioner reassessment and documentation of beneficiary adherence to the therapy regimen and improvement in OSA symptoms
- Providers are reminded of the requirements to provide a written order prior to delivery for the CPAP machines (E0601) (per 42 CFR 410.38 and Program Integrity Manual (PIM) sections 5.2.4(c) and 5.2.6) and to provide detailed written orders prior to claim submission for all other related accessories and supplies (per PIM Pub 100-08, Section 5.2.3)

RESOURCES

FOR MORE INFORMATION ABOUT...	RESOURCE
The 2018 Medicare Fee-For-Service Supplemental Improper Payment Data (Data obtained from Claims Submitted: July 1, 2016 – June 30, 2017)	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/Downloads/2018MedicareFFSSupplementalImproper-PaymentData.pdf
Social Security Act 1861(s)(6)	https://www.ssa.gov/OP_Home/ssact/title18/1861.htm
National Coverage Determination (NCD) for Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA)(240.4)	https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=226&ncdver=3&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=CPAP&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAACAAAAAAAA%3d%3d
Local Coverage Determination entitled “Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718)	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33718&ver=16&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&Keyword=PAP&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAACA-BAAAA&
Complying With Medical Record Documentation Requirements	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CERTMedRecDoc-FactSheet-ICN909160.pdf

FOR MORE INFORMATION ABOUT...	RESOURCE
Complying with Medicare Signature Requirements	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf
Program Integrity Manual Pub 100-08 – Chapter 5, Sections 5.2.3, 5.2.4(c) and 5.2.6	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf

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