

Use of this template is voluntary / optional

Positive Airway Pressure (PAP) Device and Supplies for OSA

Order Template Guidance

Purpose

This template is designed to assist a clinician in completing an order for Positive Airway Pressure (PAP) devices and supplies that meet requirements for Medicare eligibility and payment. This template meets requirements for either a Detailed Written Order (DWO) or Written Order Prior to Delivery (WOPD). This template is available to the clinician and can be kept on file within the patient's medical record or can be used to develop an order template for use with the system containing the patient's electronic medical record.

A face-to-face (F2F) encounter is required by Medicare for the following PAP devices:

E0601 - CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE

E0470 - RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)

The F2F encounter must be completed within a 6-month timeframe prior to completion of the written order that starts use of PAP therapy for the treatment of your patient's diagnosed Obstructive Sleep Apnea (OSA).

Patient Eligibility

Eligibility for coverage of a PAP device under Medicare requires a physician/Non-Physician Practitioner (NPP)¹ to establish that coverage criteria are met as outlined below. This helps to ensure the PAP device and supplies to be provided are consistent with the physician's order and supported in the documentation of the patient's medical record.

The physician/NPP must document that the patient has a diagnosis of Obstructive Sleep Apnea (OSA) supporting the need for use of a PAP device and supplies. The following National Coverage Determination (NCD – 240.4) provides criteria supporting the use of a PAP device and supplies:

- Adult patients diagnosed with OSA;
 - Initially limited to 12-week period to identify OSA patients that benefit from the use of CPAP,
 - CPAP is subsequently covered for OSA patients who have documented improvement or benefit during the initial 12-week period of CPAP therapy.
- Provider/supplier of CPAP must educate the patient or caregiver, if willing and able to safely operate the device, in the proper use of the CPAP device prior to use of the CPAP device;

¹ A Medicare allowed NPP as defined is a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861 (aa) (5) of the Social Security Act) who is working in accordance with State law.

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- Confirmed diagnosis of OSA for coverage of a CPAP device must include a positive clinical evaluation using an approved sleep test methodology that includes:
 - Attended PSG performed in a sleep laboratory, or
 - Unattended HST with a Type II home sleep monitoring device, or
 - Unattended HST with a Type III home sleep monitoring device, or
 - Unattended HST with a Type IV home sleep monitoring device that measures at least 3 channels;
 - The sleep test must have been previously ordered by the treating physician and furnished under appropriate physician supervision;
 - An initial 12-week period of CPAP is covered in adult patients with OSA if either of the following criterion using the AHI or RDI are met:
 - AHI or RDI greater than or equal to 15 events per hour, or
 - 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.
 - The AHI or RDI is calculated on the average number of events of per hour. If the AHI or RDI is calculated based on less than 2 hours of continuous recorded sleep, the total number of recorded events to calculate the AHI or RDI during sleep testing must be at a minimum the number of events that would have been required in a 2-hour period.
 - 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% reduction in thoracoabdominal movement or airflow as compared to baseline, and with at least a 4% oxygen desaturation.

What needs to be specified on the written order?

For a PAP and supplies to be covered under the Medicare Durable Medical Equipment, Prosthetic, Orthotic, and Supply (DMEPOS) benefit, according to 1834(a)(11)(B)(i) of the Act, that drug is required to have a written order unless Medicare policy specifies otherwise.

The written order must include at a minimum [Program Integrity Manual (PIM) Chapter 5.2.3]:

- Beneficiary's name;
- Detailed description of the item(s)² ordered;
- Physician/NPP signature and signature date; and
- Start date of the order or the date order was written.

The WOPD for the PAP devices E0601 and E0470 must include at a minimum:

- Beneficiary's name;
- Detailed description devices item(s) ordered;
- Ordering Physician or NPP signature;
- Date of the order and the start date, if start date is different from the date of the order; and
- The prescribing practitioner's National Provider Identifier (NPI).

² Description can be either a narrative description or a brand name/model number and must include all options or additional features that will be separately billed or that will require an upgraded code

Who can complete the order template?

A physician/NPP who performs an F2F encounter within 6 months prior to completion of a written order for the PAP devices and supplies.

Note: If this template is used:

- 1) CDEs in black Calibri are required
- 2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
- 3) CDEs in blue Times New Roman are recommended but not required

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Positive Airway Pressure (PAP) Device and Supplies for OSA Order Template				
Patient Information:				
Last name: _____ First name: _____ MI: _____				
DOB (MM/DD/YYYY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Medicare ID: _____				
Provider (physician/NPP) who performed the Face-to-Face (F2F) evaluation:				
Check here if same as ordering provider: _____				
Last name: _____ First name: _____ MI: _____ Suffix: _____				
NPI: _____				
Date of F2F evaluation (MM/DD/YYYY): _____				
Patient diagnosis: <input type="checkbox"/> Obstructive Sleep Apnea (OSA), <input type="checkbox"/> Other (describe) _____				
Order start date, if different from date of order (MM/DD/YYYY): _____				
Type of order:				
Device: <input type="checkbox"/> Initial <input type="checkbox"/> Revision or change in equipment <input type="checkbox"/> Replacement				
Supplies: <input type="checkbox"/> Initial <input type="checkbox"/> Reorder <input type="checkbox"/> Other: _____				
Device Order (description of device): _____ _____ _____				
Specify appropriate device if known; otherwise leave blank:				
<input type="checkbox"/> E0601 Continuous Positive Airway Pressure device (requires WOPD and F2F evaluation)				
<input type="checkbox"/> E0470 Respiratory assist device, bi-level w/o backup (requires WOPD and F2F evaluation)				
Supply Order (complete where appropriate):				
<i>Item Description</i>	<i>Frequency</i>	<i>Duration</i>	<i>Quantity</i>	<i>Refills</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other: _____				
Signature, name (required if DWO), date ordered and NPI (required for WOPD)				
Signature: _____				
Name (Printed): _____				
Date (MM/DD/YYYY): _____ NPI: _____				