

Audio Title: Positive Airway Pressure (PAP) Devices: Complying with Documentation & Coverage Requirements
Audio Date: 10/07/2011
Run Time: 8 minutes
ICN: 906984

Welcome to Medicare Learning Network Podcasts at the Centers for Medicare and Medicaid Services, or C-M-S. These podcasts are developed and produced by the Medicare Learning Network® within CMS, and they provide official information for Medicare Fee-For-Service Providers.

If you are a Durable Medical Equipment, or D-M-E, supplier who submits claims to D-M-E Medicare Administrative Contractors, or D-M-E MACs, you will benefit from this podcast! It will give you information to help you comply with documentation requirements for Positive Airway Pressure, or PAP devices, for Medicare beneficiaries. If you are a physician or treating practitioner who prescribes PAP Devices for Medicare beneficiaries, you will also benefit from this podcast.

This podcast is based on the Medicare Learning Network, or M-L-N, fact sheet titled “Positive Airway Pressure (PAP) Devices: Complying with Documentation & Coverage Requirements.” It is designed to help physicians and non-physician practitioners comply with documentation requirements before ordering a PAP device for Medicare beneficiaries. This fact sheet includes information about:

- common PAP documentation errors,
- how to prevent errors, and
- documentation requirements for Medicare claims payment.

You should consider this important information and take steps to meet Medicare documentation requirements. **Please note, this information is intended as an educational guide and does not ensure Medicare payment for PAP devices.**

Please note, the information discussed in this podcast was current as of December 2010.

We will begin our discussion with the following four (4) common documentation errors for PAP Devices:

One (1), no documentation of the treating physician’s initial face-to-face clinical evaluation conducted before the sleep study to assess the beneficiary for obstructive sleep apnea, or O-S-A.

Two (2), no documentation of the Medicare-covered sleep study supports medical necessity.

Three (3), no documentation of the treating physician’s signed and dated order describes the items dispensed, and

Four (4), no documentation of the treating physician’s face-to-face re-evaluation within the first three (3) months (but no sooner than the 31st day) of initiating therapy. This shows improved symptoms of O-S-A and adherence to PAP therapy.



Next, we will discuss how to prevent errors in PAP therapy:

- First, ask the treating physician to perform the initial face-to-face evaluation prior to the sleep study. This evaluation assesses the beneficiary for O-S-A and is one (1) of four (4) criteria that may qualify him or her for PAP therapy.
- Second, retain a copy of the Medicare-covered sleep study when the order is received. The sleep study must meet certain conditions for coverage and is one (1) of four (4) criteria that may qualify the beneficiary for PAP therapy.
- Third, review the treating order to ensure that all equipment and supplies being dispensed are itemized on the order, and
- Fourth, remind the beneficiary that a re-evaluation is required for continuing PAP coverage beyond the initial three (3) months. This re-evaluation must document that the beneficiary benefits from and adheres to the PAP therapy as ordered.

You can find a table of documentation requirements for PAP devices when treating O-S-A in the Medicare Learning Network[®], or M-L-N, fact sheet titled “Positive Airway Pressure (PAP) Devices: Complying with Documentation & Coverage Requirements.” To download this fact sheet, go to the MLN Products web page at www.cms.gov/MLNProducts on the CMS website. Table 1 gives criteria for the initial coverage for Healthcare Common Procedure Coding System, or HCPCS, codes E0601 and E0470. Table 2 provides criteria for the treating order for continuing coverage of the same HCPCS codes beyond the first three months of therapy.

Additional documentation for long-term PAP therapy requires that the supplier or physician **MUST** support the continued use of the PAP device by the beneficiary. They must also prove that the equipment and/or supplies were delivered.

Please consider the following tips before submitting documentation for PAP therapy:

- First, medical records **MUST** be available upon request, although you are not required to submit them with the claim. Consider gathering the relevant records upon dispensing the item to the beneficiary. This reduces the need to return to the ordering physician at a later date. Medical records must support the continued use of the dispensed item(s).
- Second, the clinical documentation submitted **MUST** support the medical necessity of the base item before payment is considered for accessories and/or supplies; and
- Third, an order/prescription **MUST** be signed and dated by the treating physician who ordered the item. Refer to Chapter 2, Section 5.2.3 of the “Medicare Program Integrity Manual,” which states, “Someone other than the physician **MUST** review the detailed description of the item. However, the treating physician **MUST** review the detailed description and personally sign and date the order to indicate agreement.”

To learn about documentation and coverage for PAP devices, more detailed education is available from the Durable Medical Equipment Medicare Administrative Contractors, or DME MACs, serving Jurisdictions A, B, C, and D.

Please visit the MLN Provider Compliance web page at www.cms.gov/MLNProducts for educational Fee-For-Service provider materials to help you understand – and avoid – common billing errors.

More questions?

To learn more about documentation and coverage for Positive Airway Pressure, or PAP Devices, contact your Medicare contractor or visit our website www.cms.gov/MLNGenInfo and follow the links to MLN Products and download the full fact sheet on this subject titled “Positive Airway Pressure (PAP) Devices: Complying with Documentation & Coverage Requirements.” Be on the lookout for future MLN podcasts on subjects of interest to you.

This podcast was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This podcast was prepared as a service to the public and is not intended to grant rights or impose obligations. This podcast may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

The Medicare Learning Network® (MLN), a registered trademark of CMS, is the brand name for official CMS educational products and information for Medicare Fee-For-Service Providers. For additional information, visit the MLN’s web page at <http://www.cms.gov/MLNGenInfo> on the CMS website.

Your feedback is important to us and we use your suggestions to help us improve our educational products, services and activities and to develop products, services and activities that better meet your educational needs. To evaluate Medicare Learning Network®(MLN) products, services and activities you have participated in, received, or downloaded, please go to <http://www.cms.gov/MLNProducts> and click on the link called ‘MLN Opinion Page’ in the left-hand menu and follow the instructions.

Please send your suggestions related to MLN product topics or formats to MLN@cms.hhs.gov.

