

MASKS: POSITIVE AIRWAY PRESSURE DEVICES AND RESPIRATORY ASSIST DEVICES

February 2024

Dear Clinician,

Medicare provides reimbursement for a positive airway pressure (PAP) device or a respiratory assist device (RAD), including the related accessories/supplies such as masks, when coverage criteria for the device have been met. Information related to coverage criteria for a PAP or RAD can be located in the related LCDs and LCD-related Policy Articles (links below). The following information is intended to provide you with recently established guidelines for completing the Standard Written Order (SWO) related to PAP and RAD masks.

Standard Written Order (SWO)

For Medicare to provide reimbursement for a PAP or RAD and related accessories/supplies such as masks, the SWO must, at a minimum, include the following elements:

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order Date
- General description of the item
 - The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number
 - For equipment - In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately)
 - For supplies – In addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (List each separately)
- Quantity to be dispensed, if applicable
- Treating Practitioner's Name or NPI
- Treating practitioner's signature

In order to promote patient adherence to PAP or RAD therapy, the treating practitioner may list the mask(s) in the "General Description of the Item" on the SWO as (not all-inclusive):

- CPAP Mask

- Mask of Choice
- Mask – Fit to Comfort
- Mask – one per three months

Use of these general descriptions on the SWO, as opposed to a specific mask type (i.e., full face mask), will eliminate the need for a new SWO each time a patient switches their mask type. In situations where the mask type is specified on the SWO and the patient needs to change mask type, a new SWO would be required since this would be considered a change to the SWO.

Alternatively, the treating practitioner may indicate multiple mask types on the SWO, so that DMEPOS suppliers are able to provide the mask that works best for the patient.

(Note: treating practitioners must still document in the patient’s medical record the need for PAP or RAD therapy; however, it is not necessary to document in the patient’s medical record the rationale for a specific mask/interface type.)

While this flexibility allows for changes in mask types each month, treating practitioners are reminded that Medicare covers only one (1) mask every three (3) months, regardless of the number or type of mask prescribed for an individual patient.

This summary is not intended to take the place of the written law, regulations, national coverage determinations (NCDs) or LCDs. Coverage, coding and documentation requirements may be found in the [Positive Airway Pressure \(PAP\) Devices for the Treatment of Obstructive Sleep Apnea LCD \(L33718\)](#) and [LCD-related Policy Article \(A52467\)](#), the [Respiratory Assist Device \(RAD\) LCD \(L33800\)](#) and [LCD-related Policy Article \(A52517\)](#) and the [Standard Documentation Requirements for All Claims Submitted to DME MACs Policy Article \(A55426\)](#), located on the [Medicare Coverage Database](#).

Sincerely,

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