Polysomnography and Other Sleep Studies

Medicare Part B and Durable Medical Equipment (DME)
Provider Outreach and Education (POE)
October 2015

Noridian Healthcare Solutions, LLC
DISCLAIMER

- This information release is the property of Noridian Healthcare Solutions, LLC. It may be freely distributed in its entirety but may not be modified, sold for profit or used in commercial documents.

- The information is provided “as is” without any expressed or implied warranty. While all information in this document is believed to be correct at the time of writing, this document is for educational purposes only and does not purport to provide legal advice.

- All models, methodologies and guidelines are undergoing continuous improvement and modification by Noridian and CMS. The most current edition of the information contained in this release can be found on the Noridian website at http://www.noridianmedicare.com and the CMS website at http://www.cms.gov.

- The identification of an organization or product in this information does not imply any form of endorsement.

- CPT codes, descriptors, and other data only are copyright 2015 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
Agenda

• Polysomnography and Sleep Studies
  – Includes Home Sleep Studies
• Polysomnography and Home Sleep Testing Requirements for DME
• Resources
### Helpful Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABN</td>
<td>Advance Beneficiary Notice</td>
</tr>
<tr>
<td>AHI</td>
<td>Apnea-Hypopnea Index</td>
</tr>
<tr>
<td>CCI</td>
<td>Correct Coding Initiative</td>
</tr>
<tr>
<td>CPAP</td>
<td>Continuous Positive Airway Pressure</td>
</tr>
<tr>
<td>CR</td>
<td>Change Request</td>
</tr>
<tr>
<td>F2F</td>
<td>Face-to-Face</td>
</tr>
<tr>
<td>FFS</td>
<td>Fee for Service</td>
</tr>
<tr>
<td>HST</td>
<td>Home Sleep Testing</td>
</tr>
</tbody>
</table>

October 2015
## Helpful Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDTF</td>
<td>Independent Diagnostic Testing Facility</td>
</tr>
<tr>
<td>IOM</td>
<td>Internet Only Manual</td>
</tr>
<tr>
<td>NSC</td>
<td>National Supplier Clearinghouse</td>
</tr>
<tr>
<td>OIG</td>
<td>Office of Inspector General</td>
</tr>
<tr>
<td>OSA</td>
<td>Obstructive Sleep Apnea</td>
</tr>
<tr>
<td>PSG</td>
<td>Polysomnography</td>
</tr>
<tr>
<td>RDI</td>
<td>Respiratory Disturbance Index</td>
</tr>
</tbody>
</table>
Objective

• To educate providers with Medicare Part B expectations for those involved with sleep studies
• To provide both DME suppliers and providers education regarding Medicare CPAP and OSA coverage and documentation requirements
POLYSOMNOGRAPHY & SLEEP STUDIES
New! ICD-10 Diagnoses

• Check policy on Noridian website containing updated ICD-10 diagnoses
• Active Policy as of 10/1/15
  – From Future policy before 10/1/15
• Slide 67 has links
Polysomnography Overview

- Continuous monitoring/recording of physiological sleep parameters (6 hours/more)
- Overnight stay at sleep lab or IDTF
  - Hospital or freestanding facility
- Performed by trained technician to monitor/assess patient
- Under supervision of/referred by attending physician for review/interpretation/report
- IOM Publication 100-03, Chapter 1, Section 240.4
Polysomnography Overview

• Patient referred by attending physician
• Sleep must be recorded/staged
• Diagnose/evaluate many sleeping disorders types
  – Sleep Apnea (common dissomonia)
  – Narcolepsy
  – Sleep-related asthma/depression/panic disorder
  – Other disorders during sleep (parasomnias)
    • Including dental/medical/psychiatric
    • Sleep behavior disorders
Polysomnography Overview

• Not considered inpatient
  – Even though spending night in hospital or freestanding clinic
• Overnight oximetry indicates desaturation to below 90%, greater than 5% of the time
• Not Covered
  – Chronic Insomnia
  – Two week home auto CPAP titration study
    • Cannot bill patient per Non Covered Policy as part of Group 2 - Components of Another Service, Never Separately Billable to Contractor or Patient
Beneficiaries Entering Medicare

• Beneficiary seeking rental/replacement PAP and/or accessories must meet these requirements:
  1. Sleep test prior to FFS Medicare that meets AHI/RDI criteria in effect at the time a replacement PAP and/or accessories are needed, and
  2. FTF evaluation following enrollment in FFS Medicare by treating physician that documents
     a) Diagnosis of OSA; and
     b) Beneficiary continues to use the PAP device

• If above not met, claim denies as not reasonable and necessary
Testing Definitions

• Apnea
  – Cessation of airflow for at least 10 seconds

• Hypopnea
  – Abnormal respiratory event lasting at least 10 seconds
    – With minimal 30% reduction in thoracoabdominal movement or airflow as compared to baseline
    – At least a 4% decrease in oxygen desaturation
Who Can Perform?

• Polysomnographic or Electrodiagnostic Technologist
• Courses include:
  – Instrumentation
  – Recording/Monitoring
  – Record Scoring
  – Sleep Disorders
• Need to add new/additional sleep lab techs?
  – Noridian Enrollment requires copies of license/certificate
• HSTs (Type II, III or IV) must be physician interpreted
  – Physician specialty code = CO
    • Sleep medicine services (CR 7600)
Interpreting Physician Requirements

• Current certification in Sleep Medicine by the American Board of Sleep Medicine (ABSM); or,

• Current subspecialty certification in Sleep Medicine
  – By a member board of the American Board of Medical Specialties (ABMS); or,

• Completed residency/fellowship training by an ABMS member board
  – Completed all requirements for subspecialty certification in sleep medicine (except the examination itself) and only until the time of reporting of the first exam which physician eligible; or,

• Active staff membership of a sleep center or laboratory
  – Accredited by the American Academy of Sleep Medicine (AASM), Accreditation Commission for Health Care (ACHC) or
  – The Joint Commission (TJC, formerly Joint Commission on Accreditation of Healthcare Organizations – JCAHO)
Technician Certification

• Technician must be credentialed/certified with one or more of the following:
  – American Academy of Sleep Medicine (AASM) (www.aasmnet.org)
  – American Board of Sleep Medicine (ABSM)-Registered Sleep Technologist (RST)
  – Accreditation Commission for Health Care (ACHC) (www.achc.org)
  – Board of Registered Polysomnography Technologists (BRPT)-Registered Polysomnographic Technologist (RPSGT) (http://www.brpt.org/)
Equipment

• IDTF has to contain the following stationary equipment:
  – EEG (electroencephalogram) measures and records brain wave activity
  – EMG (electromyogram) records muscle activity such as face twitches, teeth grinding and leg movements; helps determine REM stage sleep
  – EOG (electro-oculogram) records eye movements; important in determining different sleep stages, particularly REM stage sleep
  – EKG (electrocardiogram) records heart rate and rhythm
  – Nasal airflow sensor records airflow
  – Snore microphone records snoring activity
Where Performed?

- Sleep Studies 95800 – 95807 and Polysomnography (PSG) 95808, 95810 & 95811
  - POS 11 = IDTF or facility-based sleep laboratory
    - Not home (12) or mobile IDTF facility (15)
    - Complies with state regulatory requirements
  - POS 24 = Ambulatory Surgical Center (24)
- Home Sleep Testing (HST) G0398 – G0400
  - POS 12 = Home
  - POS 15 = Mobile IDTF
    - Professional (-26) portion only
Sleep Lab Enrollment

- Enroll with CMS 855B in preferred online PECOS
  - List all CPT codes IDTF intends to bill
  - Equipment listing (Att. #2) – name/model # equipment
  - IDTFs comprehensive liability insurance copy
  - Facility and/or physician certification for sleep lab
- List all interpreting (if billing globally), supervising physicians and technicians with copy of their medical license
  - Technician’s certification and/or licensure copies
- All other documentation required (IRS forms, business license, EFT form {CMS-588} and PAR Agreement {CMS-460}, etc.)
- MSM (National Site Visit Contractor (see next slide)
  - Inspects facility, paperwork and equipment
National Site Visit Contractor

• Before approving Medicare enrollment, CMS hires separate contractors to visit potential sites
  – MSM Security Services, LLC
  • Subcontractors include Health Integrity, LLC (HI) & Computer Evidence Specialists, LLC (CES)
  – Has screening mechanism to prevent questionable providers from enrolling in Medicare
• Employees from above contractors
  – Carry *Photo ID and Authorization Letter* signed by CMS for provider to review
• National Supplier Clearinghouse (NSC) enrolls DME suppliers
• [http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html)
Patient Needs Constant Monitoring

• Electroencephalography (EEG)
  – Records brain wave activity
  – May detect seizures
• Electrooculography (EOG)
  – Records eye movement
• Both EEG/EOG helpful
## CPT Codes

<table>
<thead>
<tr>
<th>CPT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>95800</td>
<td>Sleep Study; Unattended</td>
</tr>
<tr>
<td>95801</td>
<td>Sleep Study; Unattended</td>
</tr>
<tr>
<td>95805</td>
<td>Multiple Sleep Latency Test</td>
</tr>
<tr>
<td>95806</td>
<td>Sleep Study; Unattended</td>
</tr>
<tr>
<td>95807</td>
<td>Sleep Study; Attended</td>
</tr>
<tr>
<td>95808</td>
<td>Polysomnography 1-3</td>
</tr>
<tr>
<td>95810</td>
<td>Polysomnography 4 or more</td>
</tr>
<tr>
<td>95811</td>
<td>Polysomnography with CPAP</td>
</tr>
</tbody>
</table>
Providers In Other States

- Each provider enrolls/bills from their state
  - E.g. Nevada and Washington
  - Provider must reflect their address in Item 32
- Separate interpretation – no billing global

<table>
<thead>
<tr>
<th>TC/26</th>
<th>POS</th>
<th>CPT/Mod</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical (Sleep Tight IDTF-Reno, NV)</td>
<td>11</td>
<td>95810 TC</td>
</tr>
<tr>
<td>Professional (Dr. Medi Care-Seattle, WA)</td>
<td>11</td>
<td>95810 26</td>
</tr>
</tbody>
</table>
## HCPCS Codes

<table>
<thead>
<tr>
<th>CPT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0398</td>
<td>Home Sleep Study Test (HST) with Type II portable monitor, unattended, minimum of 7 channels</td>
</tr>
<tr>
<td>G0399</td>
<td>Home Sleep Study Test (HST) with Type III portable monitor, unattended, minimum of 4 channels</td>
</tr>
</tbody>
</table>
| G0400 | Home Sleep Study Test (HST) with Type IV portable monitor, unattended, minimum of 3 channels  
  • E.g. Watch-PAT devices (Itamar Medical) |
Technical / Professional Example

• Never appropriate to bill different CPT/HCPCS TC/26 codes for single study
• Technical portion in Oregon
  – G0399-TC
  – Provider bills to Oregon Medicare
• Professional portion in California
  – G0399-26
  – Provider bills to California Medicare
• IOM Pub. 100-08, Chapter 10, Section 4.19.2
Non Covered CPT/HCPCS

- Investigational, Not Proven Effective or Experimental

<table>
<thead>
<tr>
<th>CPT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0243T</td>
<td>Intermittent bronchodilator wheeze rate measurement</td>
</tr>
<tr>
<td>0244T</td>
<td>Continuous treatment measurement wheeze rate</td>
</tr>
<tr>
<td>42299</td>
<td>Unlisted – Palate Implant Procedure (Pillar System)</td>
</tr>
</tbody>
</table>
Actigraphy

• 95803 (Actigraphy testing, recording, analysis, interpretation and report)
  – Minimum of 72 hours to 14 consecutive days recording
  – Do not report more than once in 14-day period
  – MUE = 1
• Continuous measurement of activity/movement with the use of small device called actigraph
• With push of a button, also marks events
  – Such as bedtimes or wake times
• Noridian Medicare covers either
  – 95803 (global) 95803 TC or 95803 26
Epworth Sleepiness Scale

• **Not** covered by Medicare
• For E/M, not separately billable
  – Part of History of Presenting Illness (HPI)
• Epworth sleepiness scale
  – Evaluating sleep records accurately
    • 8 possible questions establishing sleep quality
  – Part of intake for pulmonary sleep to determine severity/quality
## Modifiers

<table>
<thead>
<tr>
<th>Situation</th>
<th>Append Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home sleep study incomplete/patient discontinues/less than 6 hours – reduce billing charges</td>
<td>52</td>
</tr>
<tr>
<td>Oxygen saturation only one hour/inadequate for interpretation – reduce billing charges too</td>
<td>52</td>
</tr>
<tr>
<td>Patient misses 31-60 day follow up with physician, ABN needed</td>
<td>GA</td>
</tr>
<tr>
<td>Hospice patient treated - unrelated to terminal condition</td>
<td>GW</td>
</tr>
</tbody>
</table>
Miscellaneous Tips

• Sleep Medicine codes unchanged for 2015
• 95806 alone does not describe device type
  – Providers must document Type II, III or IV
• Never bill twice for
  – Single component or Single sleep study
• No defined face-to-face time prior to sleep study – unless extensive (e.g. over 3 months)
• E/M and PSG same day approved IF CCI met
Miscellaneous Tips

• New F2F prior to repeat or re-evaluated sleep study
• Reduce billing/append modifier 52 if incomplete sleep study; for example
  – Fewer than 6 hours recorded sleep study
  – Oxygen saturation period only last 1 hour; inadequate for interpretation
  – 2 hour afternoon nap (CPAP titration study)
• PAP-Nap?
  – No codes that specifically describe PAP-Nap service
Miscellaneous Tips

• Maintenance of Wakefulness Test?
  – 95805 (multiple sleep latency, recording, analysis, interpretation of physiological measurements of sleep during multiple trails to assess sleepiness)
  – Appropriate, if all components performed and documented

• EEG interpretation is required component of polysomnography; billed as 95810 and not separately
**Miscellaneous Tips**

- Both polysomnography testing and 24-hour electrocardiographic holter monitoring can be billed if:
  - Medically necessary; separate equipment used for ECG monitoring (PSG equipment with ECG lead and a holter monitor device)
  - Separate interpretation/report is done for each procedure
  - Code for polysomnography is 95810 and the code range for holter monitoring is 93224-93227
# Provider Questions

<table>
<thead>
<tr>
<th>Q1) How do we handle if patient needs a repeat study?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1) This will depend on the circumstances requiring the new study. For example: If therapy has been discontinued and re-evaluation to resume therapy is occurring, then the process must start from the beginning. If the trial period has failed, there is a requirement for F2F and another study.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q2) Is there a limit to how many sleep studies a Medicare beneficiary may have in a lifetime?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A2) While there is no limit, each test must of its own accord, be reasonable and necessary. Generally, an initial diagnostic PSG and one follow up to titrate for effectiveness should be all that is needed for several months unless there is an extraordinary change in the patients well being.</td>
</tr>
</tbody>
</table>
Appeals

• Include all relevant medical records
• If needed, pertinent peer-reviewed literature to support request
  – At a minimum, literature such as
    • Two (2) Phase II studies (human studies of efficacy, pivotal) or
    • One (1) Phase III study (evidence of safety and efficacy, pivotal)
ZPIC Contractor

- CMS Zone Program Integrity Contractor (ZPIC)
- Performs data analysis, investigation and medical review to detect, prevent, deter, reduce and present referrals to recover fraud, waste and abuse with utilization measures analyzed
  - E.g. Includes 9 sleep study codes, NOS and beneficiaries billed to Medicare more than twice/year

<table>
<thead>
<tr>
<th>ZPIC</th>
<th>Zone</th>
<th>States in Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguard Services (SGS)</td>
<td>1</td>
<td>California, Hawaii, Nevada, American Samoa, Guam, and the Marianas Islands</td>
</tr>
<tr>
<td>AdvanceMed</td>
<td>2</td>
<td>Washington, Oregon, Idaho, Utah, Arizona, Wyoming, Montana, North Dakota, South Dakota, Nebraska, Kansas, Iowa, Missouri, Alaska</td>
</tr>
</tbody>
</table>
OIG Report

• Polysomnography Services Questionable Billing
• OIG examines physicians, hospital outpatient and IDTFs to assess payment appropriateness; i.e.
  – Inappropriate diagnosis code
  – Repeated polysomnography services
  – Missing visit with ordering provider
  – Missing or double billing professional component
  – Titration with no corresponding treatment device
  – Unbundling a split-night service
Polysomnography and Home Sleep Testing Requirements for DME
CPAP Initial Coverage – OSA
12 Week Trial

A. Face-To-Face (FTF) clinical evaluation by treating physician prior to a sleep test assessing patient for OSA

B. Medicare covered sleep test that meets either one of the following criteria
   – AHI or RDI > 15 events per hour with a minimum of 30 events or
   – AHI or RDI > 5 – 14 events per hour with a minimum of 10 events and documentation of:
     • Excessive daytime sleepiness, impaired cognition, mood disorders or insomnia; OR
     • Hypertension, ischemic heart disease or history of stroke

C. Patient or caregiver received instruction from supplier in proper use and care of CPAP (E0601)
Coverage for Bi-level Without Backup

D. Bi-level respiratory assist device without backup (E0470) is covered for patients with OSA if patient meets initial coverage criteria A - C and:

- CPAP tried and proven ineffective
  - Based on therapeutic trial conducted in either a facility or home setting
- Coverage criteria not met
  - Device will deny not reasonable and necessary
    - Supplier liability
Treating Physician’s Initial Evaluation

• Physician FTF initial evaluation
  – Written in the same format that are used for other entries and may include:
    • History
      – Signs and symptoms of sleep disordered breathing including snoring, daytime sleepiness, observed apneas, choking or gasping during sleep, morning headaches
      – Duration of symptom
      – Validated sleep hygiene inventory such as the Epworth Sleepiness Scale (see Appendices)
    • Exam
      – Focused cardiopulmonary and upper airway system evaluation
      – Neck circumference
      – Body mass index (BMI)
Continued Coverage Beyond 12 Weeks

- Clinical re-evaluation between 31st and 91st day after initiating therapy
  - Treating physician documents benefiting from therapy; and
  - Objective evidence of adherence reviewed by treating physician
    - Used > 4 hours per night 70% of nights during a consecutive thirty day period anytime during the first three months of initial usage
- Supplier provides treating physician with objective data related to adherence
  - Through direct download or visual inspection of usage data with documentation provided in a written report format to be reviewed by the treating physician and included in the beneficiary’s medical record
    - Adherence to therapy not documented within first three months, patient fails trial period
Treating Physician’s Re-evaluation

- May not be documented before the 31st day
- Must document
  - Improvement in subjective symptoms of OSA
  - Objective data related to adherence
    - Through direct download or visual inspection of usage data with documentation provided in a written report format to be reviewed by the treating physician and included in the beneficiary’s medical record
CPAP to RAD Evaluation, Trial, Adherence

• During initial three month trial
  – Does not change length of trial if more than 30 days remain
    • Re-evaluation between 31st and 91st day
    • Adherence to therapy on the RAD prior to 91st day
  – Less than 30 days remain in trial
    • Re-evaluation must occur before the 120th day
    • Adherence to therapy on the RAD before the 120th day

• After initial three month trial
  – New initial face-to-face evaluation
  – New three month trial with the RAD
    • Clinical re-evaluation between 31st and 91st day with RAD
    • Adherence to therapy with RAD
Documentation Switching from CPAP to RAD

• Treating physician must document follow issues were addressed prior to changing:

  A. Interface fit and comfort
     • This properly fit interface will be used with the E0470

  B. E0601 pressure settings prevents tolerating therapy and lower settings of the E0601 were tried but failed to:
     • Control symptoms of OSA; or
     • Improve sleep; or
     • Reduce AHI/RDI to acceptable levels
Re-evaluations Occurring After 91st Day

• Physician documents benefiting from therapy and

• Objective evidence of adherence reviewed by treating physician
  – Used > 4 hours per night 70% of nights during a consecutive thirty day period anytime during the first three months of initial usage
    • Must have documented within first three months of therapy, otherwise trial is considered failed

• Continued coverage begins with the date of re-evaluation
Failing the 12 Week Trial Period

• May re-qualify
  – New FTF re-evaluation by treating physician
    • Determine the etiology of the failure to PAP therapy
  – Repeat sleep test
    • Facility-based setting only – Type I study
      – Diagnostic
      – Titration
      – Split-night
Concurrent use of Oxygen with CPAP or Bi-Level Therapy

- Testing must be done in Chronic Stable State
- Both oxygen LCD and PAP LCD must be followed
- OSA sufficiently treated and lung disease unmasked
- Overnight oximetry during home sleep test not eligible to be used for oxygen qualification.
- Testing may only occur during a Titration Study and
  1. Minimum 2 hours
  2. During titration specific reduction in AHI/RDI criteria met
  3. Only performed after optimal PAP settings determined
  4. Nocturnal oximetry conducted during PSG shows ≤88% for 5 minutes.
Respiratory Assist Device (RAD) – Policy Revision - December 2014

- Definition of Central Sleep Apnea and Complex Sleep Apnea now includes CAHI and expands signs and symptoms
- Severe COPD does not require sleep testing to exclude OSA where clinical picture is detailed
- PSG testing now includes HST when used in the in-patient hospital setting to establish or rule out OSA
Central Apnea-Central Hypopnea Index (CAHI)

• CSA
  – CAHI is the average number of episodes of central apnea and central hypopnea per hour of sleep without the use of a positive airway pressure device

• CompSA
  – CAHI is determined during the use of a positive airway pressure device after obstructive events have disappeared
ACA Section 6407
Implementation vs. Enforcement

• Implementation Date
  – For all requirements
  – July 1, 2013

• Enforcement Date
  – For WOPD requirements
    • Date of Service (DOS) January 1, 2014
  – For F2F requirements
    • Pending CMS instruction 2015
Face-to-Face Evaluation

• Face-to-Face Documentation
  – Beneficiary was evaluated and/or treated for a condition supporting the DME ordered
  – All Medicare coverage and documentation requirements for DMEPOS apply
• F2F Evaluation must take place within 6 months prior to the date on the written order
• Must be received by supplier prior to delivery of DME
  – Date stamp (or equivalent) upon receipt
FAQ

• **Question:** Does the ordering physician have to be the same physician that conducts the face-to-face evaluation?

• **Answer:** No. The physician that signs the WOPD does not have to be the same physician that conducts the face-to-face evaluation.

– Published 5/29/2014 – found in 2014 Bulletin Issues and Articles – Issue 43

https://med.noridianmedicare.com/web/jddme/fees-news/bulletins

October 2015

53
Written Order Prior to Delivery (WOPD)

• Basic elements
  – Beneficiary’s name
  – Physician’s name
  – Date of the order and the start date, if start date is different from the date of the order
  – Detailed description of the item(s)
  – Physician signature and signature date
  – Physician NPI
    • Only needed for those items that require a face-to-face per MM8304-Revised
Detailed Written Order (DWO):
Additional Elements
Items Provided on Periodic Basis

• Item(s) to be dispensed
• Dosage or concentration, if applicable
• Route of administration
• Frequency of use
• Duration of infusion, if applicable
• Quantity to be dispensed
• Number of refills
WOPD Not Obtained

• WOPD not obtained prior to delivery
  – Claim denied as statutorily non-covered
  – Payment not made to original supplier even if written order subsequently obtained
  – Similar item can be provided by an unrelated supplier who obtains WOPD
Joint DME MAC Publication

• Face-to-Face Written Order Prior to Delivery Physician Letter
  – https://med.noridianmedicare.com/web/jddme/policies/physician-resources/face-to-face-wopd
PAP Accessories

• Covered when the coverage criteria are met
• Heated (E0562) or non-heated (E0561) humidifier
  – Ordered by the treating physician
• A4604 – Tubing used with heated humidifier
  – Heated wire designed for CPAP and non-invasive interface
    • Nasal or face mask, nasal cannula or oral interface
PAP Accessory Usual Maximum


<table>
<thead>
<tr>
<th>HCPCS</th>
<th>Usual maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>A7030</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>A7031</td>
<td>1 per 1 month</td>
</tr>
<tr>
<td>A7032</td>
<td>2 per 1 month</td>
</tr>
<tr>
<td>A7033</td>
<td>2 per 1 month</td>
</tr>
<tr>
<td>A7034</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>A7035</td>
<td>1 per 6 months</td>
</tr>
<tr>
<td>A7036</td>
<td>1 per 6 months</td>
</tr>
<tr>
<td>A7037</td>
<td>1 per 3 months</td>
</tr>
<tr>
<td>A7038</td>
<td>2 per 1 month</td>
</tr>
<tr>
<td>A7039</td>
<td>1 per 6 months</td>
</tr>
<tr>
<td>A7046</td>
<td>1 per 6 months</td>
</tr>
</tbody>
</table>
# PAP Accessory Descriptions

<table>
<thead>
<tr>
<th>HPCGS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4604</td>
<td>TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE</td>
</tr>
<tr>
<td>A7027</td>
<td>COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH</td>
</tr>
<tr>
<td>A7028</td>
<td>ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH</td>
</tr>
<tr>
<td>A7029</td>
<td>NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR</td>
</tr>
<tr>
<td>A7030</td>
<td>FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH</td>
</tr>
<tr>
<td>A7031</td>
<td>FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH</td>
</tr>
<tr>
<td>A7032</td>
<td>CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH</td>
</tr>
<tr>
<td>A7033</td>
<td>PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR</td>
</tr>
<tr>
<td>A7034</td>
<td>NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP</td>
</tr>
<tr>
<td>A7035</td>
<td>HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE</td>
</tr>
<tr>
<td>A7036</td>
<td>CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE</td>
</tr>
<tr>
<td>A7037</td>
<td>TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE</td>
</tr>
<tr>
<td>A7038</td>
<td>FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE</td>
</tr>
<tr>
<td>A7039</td>
<td>FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE</td>
</tr>
<tr>
<td>A7040</td>
<td>ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH</td>
</tr>
<tr>
<td>A7045</td>
<td>EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY</td>
</tr>
<tr>
<td>A7046</td>
<td>WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH</td>
</tr>
<tr>
<td>E0561</td>
<td>HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE</td>
</tr>
<tr>
<td>E0562</td>
<td>HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE</td>
</tr>
</tbody>
</table>
**CPAP Supplies FAQ**

What type of documentation is required for supplies only, when taking on a beneficiary who is new to FFS Medicare but has received a CPAP and supplies under another payer?

<table>
<thead>
<tr>
<th>Sleep Test – must meet AHI/RDI coverage criteria in effect at the time the beneficiary seeks Medicare coverage of replacement device and/or accessories</th>
<th>Clinical Evaluation following Medicare enrollment – documenting diagnosis of OSA and that the beneficiary continues to use the PAP device</th>
</tr>
</thead>
</table>

October 2015
Assisting Your Patients by Working with DME Supplier

• Medicare cannot pay suppliers without your medical records
• Please assist by documenting each individual “story”
• Review PAP LCD and Policy Article on the Noridian DME Website:
  – Complete DME PAP presentation located: https://med.noridianmedicare.com/web/jddme/education/event-materials
RESOURCES
CMS Manual Resources

• IOM Publication 100-02
  – Chapter 15, Section 70, *Sleep Disorder Clinics*

• IOM Publication 100-03
  – Chapter 1, Section 30.4, *Electrosleep Therapy*

• IOM Publication 100-04
  – Chapter 35, *Independent Diagnostic Testing Facility (IDTF)*
CMS Resource Links


DME Resources

- LCD/Policy Article
  - https://med.noridianmedicare.com/web/jddme/policies/lcd/active

- Supplier Manual

- “Dear Physician” letters
  - https://med.noridianmedicare.com/web/jddme/policies/physician-resources

- Documentation Checklist
  - https://med.noridianmedicare.com/web/jddme/policies/documentation-checklists
<table>
<thead>
<tr>
<th>Part B Policies</th>
<th>JE</th>
<th>JF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Coverage Determination (LCD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polysomnography and Sleep Studies for Testing Sleep and Respiratory Disorders</td>
<td>L33483</td>
<td>L24350</td>
</tr>
<tr>
<td>National Coverage Determination (NCD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep Testing for Obstructive Sleep Apnea (OSA)</td>
<td>240.4.1</td>
<td>240.4.1</td>
</tr>
</tbody>
</table>
CMS Educational Materials

MLN products downloadable
- Free of charge/free shipping
- Brochures & Fact sheets
- Quick reference charts
MLN dedicated web pages
- MLN General Information http://www.cms.gov/MLNGenInfo
- MLN Matters Articles http://www.cms.gov/MLNMattersArticles
- MLN Products http://www.cms.gov/MLNProducts
CEU/PDF/Q&A Reminder

- Attend entire workshop to receive CEU
- Take short polling survey
  - Pops up after closing out of webinar
- CEU emailed within 3 days
  - Earn 1.5 CEUs today
- Presentation PDF emailed again within 3 days
- Q&A posted to website-30 business days
Thank you!