

# DOCUMENTATION CHECKLIST FOR POSITIVE AIRWAY PRESSURE (PAP) DEVICES

#### **Policy References:**

- Local Coverage Determination (LCD) (L33718)
- Policy Article (A52467)

Documentation References: Standard Documentation Requirements Policy Article (A55426)

The supplier must be able to provide all of these items on request:

Standard Written Order (SWO)Refill RequirementsBeneficiary AuthorizationProof of Delivery (POD)Continued NeedContinued UseMedical records from treating practitioner as noted below

#### Medical records should contain:

### **Initial Coverage (First Three Months)**

#### **Positive Airway Pressure Device - E0601**

Face-to-face (F2F) prior to the sleep test to assess the beneficiary for obstructive sleep apnea (OSA); and

Medicare-covered diagnostic sleep test scored at 4% and meets either:

Apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI)  $\geq$  15 events per hour with a minimum of 30 events; **or** 

AHI or RDI  $\geq$  5 and  $\leq$  14 events per hour with minimum 10 events and documentation of:

Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; or

Hypertension, ischemic heart disease, or history of stroke; and

Documentation the beneficiary and/or their caregiver has received instruction from the supplier of the PAP device in the proper use and care of the equipment

### **Documentation for Beneficiaries Who Fail the Initial 12 Week Trial**

Documentation Checklist for Positive Airway Pressure (PAP) Devices



F2F re-evaluation to determine the etiology of the failure to respond to PAP therapy; and

Repeat sleep test in a facility-based setting (Type 1 study)

#### **Bi-level Respiratory Assist Device (RAD) without Back-up Rate (E0470)**

Beneficiary meets all the criteria listed above for a positive airway pressure device (E0601); and

An E0601 PAP device has been tried and proven ineffective based on a therapeutic trial conducted in either a facility or home setting

Documented failure to meet therapeutic goals using an E0601 during the titration portion of a facility-based study or during home use despite optimal therapy

A new initial F2F if E0601 has been used for more than three months and the beneficiary switched to E0470 (a new sleep test is not required)

# PAP – Continued Coverage (Beyond the First Three Months of Therapy)

Documentation the beneficiary is benefiting from PAP therapy as demonstrated by:

F2F re-evaluation by the treating physician between the 31st and 91st day after initiating therapy documenting that symptoms of OSA are improved; **and** 

Objective evidence of adherence to use of the PAP device reviewed by treating physician

Adherence is defined as use of the PAP device  $\geq$  four hours per night on 70% of nights during a consecutive 30-day period anytime during the first three months of initial use

## **Beneficiaries Entering Medicare**

Sleep test – documentation the beneficiary had a sleep test, prior to FFS Medicare enrollment, that meets Medicare AHI/RDI coverage criteria in effect at the time the beneficiary seeks replacement PAP device and/or accessories; **and** 

Clinical evaluation – following enrollment in FFS Medicare, the beneficiary must have a F2F which documents:

Diagnosis of OSA; and

The beneficiary continues to use the PAP device

## Replacement (E0601, E0470)

Replacement following the five-year reasonable useful life (RUL) requires a F2F that documents the beneficiary continues to use and benefit from the PAP device

Documentation Checklist for Positive Airway Pressure (PAP) Devices



# Non-Heated or Heated Humidifier (E0561, E0562)

Beneficiary meets PAP coverage criteria; and

Standard written order includes the type of humidification

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