Lake Region HOME MEDICAL SUPPLY

Physician's Order for PAP and Supplies

Patient Name: _____ **DOB:** _____

Date of F2F Examination: _____ **Height:** _____ (in) **Weight:** _____ (lbs)
(prior to sleep study & within 6 months prior to order date)

Sleep Study Date: _____ **Facility:** _____ **AHI*:** _____

Diagnosis Code(s) supporting need: ☐ Obstructive Sleep Apnea ☐ Primary Central Sleep Apnea

☐ Complex Sleep Apnea ☐ Sleep-Related Hypoxia ☐ Other _____

*** Clinical Data *(Needed if AHI 5 - 14)*** History of: ☐ Excessive Daytime Sleepiness ☐ Hypertension

☐ Mood Disorder ☐ Neuromuscular Disease ☐ Other: _____

Physician Order

Date of Order: _____

Length of Need: ☐ 12 months ☐ Lifetime ☐ Other: _____

Equipment

☐ CPAP (E0601) _____ cm H2O pressure

☐ Auto CPAP (E0601) Min _____ Max _____ cm H2O pressure

☐ BiPAP (E0470) IPAP _____ cm H2O _____ EPAP _____ cm H2O _____

☐ Auto BiPAP (E0470) Min _____ Max _____ cm H2O pressure

Respiratory Assist Device (E0471): ☐ BiPAP S/T Settings: _____

☐ BiPAP ASV Settings: _____

Supplies:

☐ Humidifier Heated (E0562)

Masks/accessories: ***Please check only one mask type***

☐ Full Face Mask w/cushion (A7030) / 1 per month
- ☐ Full Face Cushion replacement (A7031) / 1 per month

☐ Nasal Mask w/cushion & pillow (A7034) / 1 per 3 months
- ☐ Nasal Cushion replacement (A7032) / 2 per month
- ☐ Nasal Pillow replacement (A7033) / 2 per month

☐ Headgear (A7035) / 1 per 6 months

☐ Chin Strap (A7036) / 1 per 6 months

Tubing: ***Please check only one type***

☐ Standard (A7037) / 1 per 3 months

☐ Heated (A4604 / 1 per 3 months

Filters:

☐ Disposable (A7038) / 2 per month

☐ Reusable (A7039) / 1 per 6 months

Miscellaneous:

☐ Water Chamber (A7046) / 1 per 6 months

☐ Other: _____

_____

Physician Signature: _____ **Date:** _____

Physician Name: (please print) _____ **NPI:** _____

******Please attach copy of F2F exam and Sleep Study that support medical necessity of ordered items******

Fax back to: 320-231-4941

PAP Order and Documentation Requirements

Positive Airway Pressure (PAP) devices are covered when used in the treatment of obstructive sleep apnea (OSA) if several criteria are met and documented in the patient medical record. Medicare, and other insurance providers who follow Medicare guidelines, requires that a physician, NP, CNS or PA has had a Face-to-Face (F2F) examination with the patient that documents that the patient was evaluated and/or treated for a condition that supports the need for the prescribed equipment. The date of the F2F exam may be no older than 6 months prior to the prescription date.

A Written Order Prior to Delivery (WOPD) is also required; the WOPD cannot be completed until after the F2F exam, and must be received by the supplier prior to dispensing the equipment. This order must contain:

- Patient's name
- Physician's name
- Date of the order
- Detailed description of the item(s)
- Ordering Practitioner's National Provider Identifier (NPI)
- Signature of ordering practitioner and signature date. Signature and date stamps are not allowed. Signatures must be legible and/or physician's name must also be printed.

A single-level continuous PAP device (E0601) is covered when the following criteria are met:

A. The patient has a face-to-face (F2F) evaluation by the treating practitioner prior to the sleep test to assess for obstructive sleep apnea. The date of the F2F exam may be no older than 6 months prior to the order date.

B. The patient has a sleep test that meets either of the following criteria (1 or 2)

1. The apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI) is greater than or equal to 15 events per hour with a minimum of 30 events; or,
2. The AHI or RDI is greater than or equal to 5 and less than or equal to 14 events per hour with a minimum of 10 events and documentation of:
    a. Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; or,
    b. Hypertension, ischemic heart disease, or history of stroke.

C. The patient and/or caregiver has received instruction from the supplier of the device in the proper use and care of the equipment.

A bi-level respiratory assist device without back-up rate (E0470) is covered for those patients with OSA who meet criteria A-C above, and in addition:

D. An E0601 has been tried and proven ineffective based on therapeutic trial conducted in either a facility or in a home setting. This is defined as 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 (i.e. proper mask selection and fitting and appropriate pressure settings).

The F2F Examination should document the following pertinent information:

History	1)	Signs and symptoms of sleep disordered breathing including snoring, daytime sleepiness, observed apneas, choking or gasping during sleep, morning headaches
	2)	Duration of symptoms
	3)	Validated sleep hygiene inventory such as the Epworth Sleepiness Scale (See Appendix A at end of document)
Physical Exam	4)	Focused cardiopulmonary and upper airway system evaluation
	5)	Neck circumference
	6)	Body mass index (BMI)

All Medicare patients who are prescribed a PAP machine must undergo a 3-month trial of the equipment. This includes:

1. Face-to-face clinical re-evaluation by the treating practitioner 31-91 days after beginning PAP therapy that documents that symptoms of obstructive sleep apnea are improved; and,
2. Objective evidence of adherence to use of the PAP device (such as a download from patient's machine), reviewed by the treating practitioner. This is defined as use of PAP more than 4 hours per night on 70% of nights during a consecutive thirty (30) day period anytime during the first three (3) months of initial usage.

Medicare will continue to pay for rental of the machine an additional 10 months before purchasing if the above criteria are met **and documented in the patient medical record.**

CONCURRENT USE OF OXYGEN WITH PAP THERAPY

Some patients may require the simultaneous use of home oxygen therapy with a PAP device. Coverage of home oxygen therapy requires that the patient be tested in the "chronic stable state," which is defined as "…not during a period of an acute illness or an exacerbation of their underlying disease." Based on this definition, all co-existing diseases or conditions that can cause hypoxia must be treated and the patient must be in a chronic stable state before oxygen therapy is considered eligible for payment. For patients with OSA, a qualifying oxygen saturation test for the purposes of determining Medicare home oxygen reimbursement may only occur during a titration polysomnographic study (either split-night or stand-alone). The titration PSG is one in which all of the following criteria are met:

1. The titration is conducted over a minimum of two (2) hours; and,
2. During titration:
    A. The AHI/RDI is reduced to less than or equal to an average of ten (10) events per hour; or,
    B. If the initial AHI/RDI was less than an average of ten (10) events per hour, the titration demonstrates further reduction in the AHI/RDI; and,
3. Nocturnal oximetry conducted for the purpose for oxygen reimbursement qualification may only be performed after optimal PAP settings have been determined and the beneficiary is using the PAP device at those settings; and,
4. The nocturnal oximetry conducted during the PSG demonstrates an oxygen saturation ≤ 88% for 5 minutes total (which need not be continuous).

- Oxygen is NOT the primary treatment for OSA, and will not be reimbursed by Medicare unless used in conjunction with PAP therapy.

APPENDIX A: EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:

0 = would never doze or sleep.
1 = slight chance of dozing or sleeping
2 = moderate chance of dozing or sleeping
3 = high chance of dozing or sleeping

Situation	Chance of Dozing or Sleeping
Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place	_____
Being a passenger in a motor vehicle for an hour or more	_____
Lying down in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after lunch (no alcohol)	_____
Stopped for a few minutes in traffic while driving	_____
Total score (add the scores up)	_____ (This is your Epworth score)

0-9 – Average score, normal population

Epworth Sleepiness Scale reprinted with permission of the Associated Professional Sleep Societies (Johns MW; A New Method for Measuring Daytime Sleepiness: The Epworth Sleepiness Scale. SLEEP 1991;14(6):540-545)

Thank you for making Lake Region Home Medical Supply part of your healthcare team. Please call 218-332-5920 with any questions.