

Initial CPAP: Documentation Needed to Meet Medicare Guidelines

1. Prescription (must include): Order date Patient name MD name printed (MD signing the order must be identified if more than one MD listed) MD signature (stamps are not accepted) MD signature date MD NPI Length of need (usually 99 or Lifetime) Pap type: specific type of pap must be indicated (ie: checked or circled), pressure settings and heated humidifier Supplies: must be specific by description or HCPC code & include qty and frequency. Mask and Tubing cannot list both types on one RX or it will become a dispensing order. Dispensing orders are used when items are listed generically, are listed as "all supplies" or items are specific but missing qty and frequency. {If an item is not listed on the RX, it cannot be added to the sales order unless "all supplies" is listed on the RX} A7030 Full Face Mask A7031 Full Face Cushion A7034 Nasal Mask A7032 Nasal Cushion A7033 Nasal Pillow A7035 Headgear A4604 Tubing - Heated A7037 Tubing – Regular A7038 Filter – Disposable A7039 Filter – Non Disposable

Last edited: 4/15/2019 10:35 AM

A7046 Water Chamber

Date stamp (completed by Reliable Respiratory representative)



3.

2. Face to Face Evaluation (prior to a diagnostic sleep study):

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Prior to	o a diagnostic sleep study, the physician must assess the patient for obstructive sleep apnea and
document the findings in the office chart notes	
	Face to face chart notes dated prior to the diagnostic sleep study cannot be more than 1 year
	old (patient will need to requalify if this is the case).
	Document the patient was evaluated for sleep apnea and why a sleep study is warranted
	If the AHI is less than 15, there needs to be documentation of at least one of the following:
	excessive daytime sleepiness, impaired cognition, mood disorders, insomnia, hypertension,
	ischemic heart disease, history of stroke
	Face to face chart notes within 6 months of the prescription (if the face to face evaluation prior
	to the diagnostic study is older than 6 months, in addition, patient needs a new recent face to
	face encounter discussing sleep and/or plan)
	Signed and dated by MD
	Date stamp (completed by Reliable Respiratory representative)
Diagnostic Sleep Study:	
	The study must be performed after the initial face to face evaluation
	Must meet one of the following criteria:
	 The apnea-hypopnea index (AHI) is greater than or equal to 15 events per hour OR
	 The AHI is greater than or equal to 5 and less than or equal to 14 events per hour and
	documentation of at least one of the following:
	Excessive daytime sleepiness, impaired cognition, mood disorders, insomnia,
	hypertension, ischemic heart disease, or history of stroke
	If the AHI is less than 5, the patient does not qualify for pap
	Signed and dated by MD
	If patient has a home sleep study, a copy of the instruction form indicating the
	patient was shown how to properly use the sleep monitor must be provided by the entity (sleep
	lab) conducting the home sleep test. It must be signed on or before date of study by the sleep
	tech, patient or doctor.
	Date stamp (completed by Reliable Respiratory representative)