Reliable RESPIRATORY
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Initial BiPAP: 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
     - A7046 Water Chamber
   - □ Date stamp (completed by Reliable Respiratory representative)

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

3. **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)

4. **Failure of Cpap via Cpap Titration:**

The study interpretation needs to document/confirm:

- □ While tested on Cpap, more than one pressure (or a range of pressures) was tried
- □ While tested on Cpap, the mask had a proper fit and patient had no difficulties with it
- □ Cpap failed to adequately control the symptoms of OSA, improve sleep quality or reduce the AHI to acceptable levels
- □ Signed and dated by MD
- □ Date stamp (completed by Reliable Respiratory representative)

OR

Failure of Cpap via Home Trial:

- □ Face to face evaluation with treating MD within 6 months of Bipap RX confirming:
- □ While on Cpap, more than one pressure (or a range of pressures) was tried
- □ While on Cpap, the mask had a proper fit and patient had no difficulties with it
- □ Cpap failed to adequately control the symptoms of OSA, improve sleep quality or reduce the AHI to acceptable levels
- □ Signed and dated by MD
- □ Date stamp (completed by Reliable Respiratory representative)

Excerpt from the Medicare LCD:

For beneficiaries changing from an E0601 to E0470 due to ineffective therapy while on E0601 (either during a facility-based titration or in the home setting), the treating practitioner must document that both of the following issues were addressed prior to changing to an E0470 device:

A. Interface fit and comfort. An appropriate interface has been properly fit and the beneficiary is using it without difficulty. This properly fit interface will be used with the E0470 device; and,

B. E0601 pressure settings. The current pressure setting of the E0601 prevents the beneficiary from tolerating the therapy and lower pressure settings of the E0601 were tried but failed to:
   1. Adequately control the symptoms of OSA; or,
   2. Improve sleep quality; or,
   3. Reduce the AHI/RDI to acceptable levels.