



POSITIVE AIRWAY PRESSURE (PAP) ACCESSORIES AND SUPPLIES

REQUIRED DOCUMENTATION

This Checklist only addresses accessories and supplies – if a PAP device is also provided refer to the appropriate PAP checklist.

Standard Written Order for any accessories/supplies:

The SWO contains all of the following elements:

Beneficiary's name or Medicare Beneficiary Identifier (MBI)

Order Date;

General description of the item

The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number

For equipment - In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (list each separately)

For supplies – In addition to the description of the base item, the DMEPOS order/ prescription may include all concurrently ordered supplies that are separately billed (list each separately)

Quantity to be dispensed, if applicable

Treating Practitioner Name or NPI

Treating Practitioner's signature

The treating practitioner's signature on the detailed written order meets CMS Signature Requirements https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf

Any changes or corrections have been initialed/signed and dated by the treating practitioner.

Refill Request

Table with 3 columns: Items Were Obtained In Person at a Retail Store OR Itemized Sales Receipt, Written Refill Request Received from the Beneficiary, Telephone Conversation Between Supplier and Beneficiary. Includes a note about non-consumable supplies.



DOCUMENTATION CHECKLIST

POSITIVE AIRWAY PRESSURE (PAP) ACCESSORIES AND SUPPLIES

Medical Record Documentation

Beneficiaries Entering Medicare:

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

Clinical Evaluation – Following enrollment in FFS Medicare, the beneficiary must have an in-person evaluation by their treating practitioner who documents in the beneficiary’s medical record that:

- The beneficiary has a diagnosis of obstructive sleep apnea; and,
- The beneficiary continues to use the PAP device.

Replacement of Accessories for Beneficiaries in a current capped rental 13 month period:

In-person clinical evaluation that assesses the beneficiary for obstructive sleep apnea (OSA)

Sleep test verifying that LCD requirements have been met

Documentation of a diagnosis of OSA

Replacement of Accessories for Medicare-Paid, Beneficiary-Owned Equipment:

For claims for replacement accessories (e.g., interfaces, tubing, filters, humidifier chambers), if Medicare paid for the base PAP device initially (i.e., for 13 months of continuous use), the medical necessity for the beneficiary-owned base PAP device is assumed to have been established.

Documentation that the base DME item continues to meet medical need*

The replacement of specific accessories or furnishing of new accessories remain medically necessary and are essential for the effective use of the base DME.

*Continued Medical Need for the equipment/accessories/supplies is verified by either:

- A refill order from the treating practitioner dated within 12 months of the date of service under review; or
- Change in prescription dated within 12 months of the date of service under review; or
- A medical record, dated within 12 months of the date of service under review that shows usage of the item.

Delivery Documentation

Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
Beneficiary’s name Delivery address Quantity delivered A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. Delivery date Signature of person accepting delivery Relationship to beneficiary	Shipping invoice Beneficiary’s name Delivery address A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. Quantity shipped Tracking slip References each individual package Date shipped Delivery address Date delivered Package I.D. #number A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by the supplier)	Shipping invoice Beneficiary’s name Delivery address A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. Quantity shipped Date shipped Signature of person accepting delivery Relationship to beneficiary Delivery date

NOTE: If a supplier utilizes a shipping service or mail order, suppliers have two options for the DOS to use on the claim:



DOCUMENTATION CHECKLIST

POSITIVE AIRWAY PRESSURE (PAP) ACCESSORIES AND SUPPLIES

1. Suppliers may use the shipping date as the DOS. The shipping date is defined as the date the delivery/shipping service label is created or the date the item is retrieved by the shipping service for delivery. However, such dates should not demonstrate significant variation.
2. Suppliers may use the date of delivery as the DOS on the claim.

ONLINE RESOURCES

- **DME MAC Supplier Manual**
 - **JB:** <https://www.cgsmedicare.com/jb/pubs/supman/index.html>
 - **JC:** <https://www.cgsmedicare.com/jc/pubs/supman/index.html>
- **Positive Airway Pressure Resources**
 - **JB:** <https://www.cgsmedicare.com/jb/mr/pap.html>
 - **JC:** <https://www.cgsmedicare.com/jc/mr/pap.html>
- **MLN Matters® MM9741**
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9741.pdf>
- **Positive Airway Pressure (PAP) Tool**
 - https://www.cgsmedicare.com/medicare_dynamic/dme/pap.asp

NOTE: It is expected that the beneficiary's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.