

## Medicare PAP Follow Up Checklist

**Instructions:**

This form must be completed and signed by the setup technician or a manager and be accompanied by all required documentation prior to billing a rental claim beyond the initial 12-week trial period for all Medicare recipients on CPAP or Bi-level therapy for a DX of OSA. Indicate that the documentation burden has been met by checking the appropriate boxes. If the burden has not been met include evidence, which allows for continued coverage per LCD policy. Complete Section A before/during set up of the patient. Complete Section B after the patient has completed required follow-ups. Send section A with the initial paperwork, make a copy of it and send Section B with the follow-up paperwork.

**Patient Name:** \_\_\_\_\_

### (A) Complete This Section Prior to Billing the Trial Period

- Documentation of an initial face-to-face visit with the ordering physician in the form of progress notes or an H & P detailing the medical justification for ordering a sleep study is on file.
- Sleep study results from a facility based lab on file indicating an AHI greater than 15 with a minimum of 30 events or for patients with an AHI between 5 & 14 there is documentation of Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia; or, Hypertension, ischemic heart disease, or history of stroke and a minimum of 10 events in a two hour period.
- If a home study was performed the interpreting physician was board certified in sleep  
*(only required if home study was performed)*
- The physician has orders PAP therapy and a valid order is on file including pressure and mask type.
- The patient received a  CPAP on this date \_\_\_\_\_  
 Bi-Level PAP on this date \_\_\_\_\_  
*if due to CPAP failure (orders and documentation on file)*

Setup Technician Signature \_\_\_\_\_ Date \_\_\_\_\_

### (B) Complete This Section Prior to Billing Beyond the Trial Period

- The patient equipment was downloaded and a report was put on file on this date \_\_\_\_\_ (no sooner than the 31<sup>st</sup> day of use) & sent to the physician
- The patient equipment download indicated usage (attach download) at least 4 hours per night 70% of nights during the initial 12-week trial at least 21 out of 30 days. (if no, the patient must demonstrate compliance prior to the end of the 12 week trial or undergo another facility based sleep study in order to continue with PAP coverage; indicate by checking here if this is the case  )
- The patient had a follow up visit with the ordering physician on this date \_\_\_\_\_ must be between 31 and 91 days following set up) and progress notes are on file indicating an improvement in symptoms and verifying the follow up visit.

I certify that this patient is compliantly using the PAP therapy and qualifies for continued coverage under current Medicare coverage policy

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_