adapthealth

CPAP & BIPAP- Break Out Session

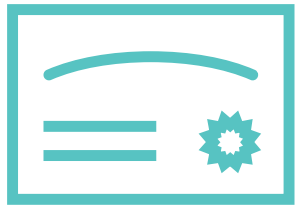
Corporate Audit Team – November 2023

Wendy Russalesi- Chief Compliance Officer

adapthealth

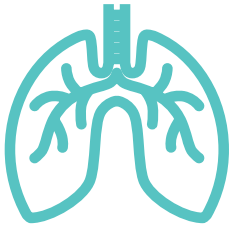
Chief Compliance Officer Updates

All Payer Audit Connection Newsletter



ACHC Accreditation

Code of Ethics and Business Conduct, 2023



CPAP and Audit Activity

Agenda

- Prior to Starting Services
- Face to Face Requirements
- PSG – Sleep Study
- BIPAP
- Physician Orders
- Timelines for Documentation
- Continued Coverage Beyond Initial Three Months
- Continued Use
- References

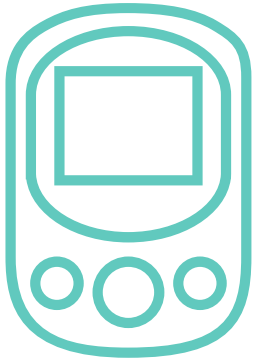
CPAP, BiPAP, and PAP Supplies

adapthealth

When is Positive Airway Pressure Device Covered?

Medicare pays for Positive Airway Pressure Device if all of these are true:

- The treating physician has an in-person clinical evaluation prior to the sleep test to assess the patient for sleep apnea
- The patient completes a sleep test
- Standard Written Order (SWO)



Prior to Starting Service

- Obtain a copy of the Face-to-Face examination, Sleep Study, Physician Order.
- BiPAP requirements – Face to Face prior to the Sleep Study signed, Sleep Study signed, justification that the CPAP has failed with a Titration or a chart note, and patient requires a BiPAP.

Initial
Face to Face

May be conducted in person or via telehealth (telehealth accepted until 12/31/2024)

- **Examples of pertinent parts of the record that demonstrate the face-to-face encounter:**
  - Physical Examination - Assessment of OSA signs and symptoms, i.e., excessive daytime sleepiness, loud snoring, observed apneas, morning headaches, abrupt awakenings accompanied by gasping or choking
  - History - Patient history of signs and symptoms, Epworth scale
  - Diagnostic Test – Example – PSG, Titration, Split Night
  - Summary of Findings; or
  - Treatment Plan

PSG – Sleep Study

- Per Medicare guidelines, for a patient to qualify for a PAP device, they must have a sleep study completed within a year prior to the start of service.
- The sleep study must show AHI or RDI which is greater than or equal to 15 events per hour with a minimum of 30 events; or,
- AHI or RDI which 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:
  - Excessive daytime sleepiness, impaired cognition, mood disorders, insomnia; or,
  - Hypertension, Ischemic heart disease, or history of stroke
- Sleep study must have hypopneas scored at 4% (if scoring is documented)

If the AHI does not qualify but the RDI does qualify- make sure that the RDI does not include RERAs as that would not qualify for Medicare.

BiPAP

An E0470 device is covered for those beneficiaries with OSA who have met the sleep study qualifications on the previous slide in addition to:

- An E0601 has been tried and proven ineffective based on a therapeutic trial conducted in either a facility or in a home setting.
- Ineffective 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).
- If E0470 is billed for a beneficiary with OSA and the documentation requirements are not met, it will be denied as not reasonable and necessary.
- A bi-level positive airway pressure device with back-up rate (E0471) is not reasonable and necessary if the primary diagnosis is OSA. If an E0471 is billed with a diagnosis of OSA, it will be denied as not reasonable and necessary.
- If an E0601 device is tried and found ineffective during the initial facility-based titration or home trial, substitution of an E0470 does not require a new initial in-person clinical evaluation or a new sleep test.
- If an E0601 device has been used for more than 3 months and the beneficiary is switched to an E0470, a new initial in-person clinical evaluation is required, but a new sleep test is not required. A new 3-month trial would begin for use of the E0470.

Standard Written Order (SWO) Elements

- **Beneficiary 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 (if we are providing more than 1 for the month)**
- **Treating practitioner name or National Provider Identifier (NPI)**
- **Treating practitioner's signature**
- **SWO date must be on or prior to delivery date needs to be on file prior to billing.**

AdaptHealth's Equipment Order Form

Equipment Order

adapthealth

PATIENT INFORMATION

Patient: _____ Patient Contact Number: _____

DOB: _____ Patient Height: _____

Order Date: _____ Patient Weight: _____

DIAGNOSIS

❑ COPD ❑ CHF ❑ OSA ❑ Pulmonary Fibrosis ❑ Asthma ❑ Interstitial Lung Disease ❑ Emphysema ❑ Chronic Bronchitis

❑ Other: _____ ❑ Length of Need: _____

DIAGNOSTIC TESTING

❑ Overnight Oximetry
- ❑ on Room Air ❑ on O2 ❑ on PAP

❑ Daytime Pulse Oximetry
- ❑ Resting on room air
- ❑ 3 part test (resting room air, exertion room air, exertion on O2)

❑ Titrate Patient for Conserving Device

RESPIRATORY EQUIPMENT - OXYGEN AND NEBULIZER

❑ Oxygen _____ LPM ❑ Continuous ❑ Nocturnal
- ❑ Nasal Cannula ❑ Bleed into PAP ❑ Via trach____% of FIO2

❑ Portability _____ LPM via nasal cannula

❑ w/ conserving device via nasal cannula _____ LPM

❑ Nebulizer Compressor

❑ Neb Kit (non-disposable) 1 per 6 mos

PAP, RAD AND SUPPLIES

❑ CPAP _____ CMH_2O

❑ Auto CPAP
Range: _____ - _____

❑ BiLevel
Pressure: _____

❑ Auto BiLevel
Pressure: _____

❑ BiLevel ST
Pressure: _____
Backup Rate: _____

❑ Auto SV
Pressure: _____
Backup Rate: _____

❑ Heated Humidifier ❑ Heated Tubing ❑ Standard Tubing

❑ Pillows (2 per month) ❑ Cushions (2 per month)

❑ Headgear ❑ Chinstrap ❑ Water Chamber

❑ Disposable Filters (2 per month) ❑ Non-Disposable Filters

❑ Fit mask to comfort

❑ Mask Make: _____
Model: _____
Size: _____

OTHER EQUIPMENT

❑ Bedside Commode ❑ X-Wide/Heavy Duty Commode

❑ Folding Wheeled Walker ❑ Heavy Duty Wheeled Walker

❑ Rollator

❑ Hospital Bed/Semi Electric ❑ w/Gel Overlay ❑ APP

❑ Other: _____

SPECIAL INSTRUCTIONS

_____

_____

ADDITIONAL DOCUMENTATION NEEDED

IF YOU HAVE NOT ALREADY PROVIDED, PLEASE SEND ALL DOCUMENTS REQUIRED. FOR ALL EQUIPMENT ORDERS, COPIES OF VISIT NOTES DOCUMENTING NEED ARE REQUIRED. THESE NOTES MUST INCLUDE PATIENT COMPLAINT, ASSESSMENT, TEST RESULTS, TREATMENT PLAN (CATT) AND PREVIOUS TREATMENTS TRIED FOR EACH SPECIFIC PIECE OF EQUIPMENT TO HELP ASSURE PAYMENT BY INSURANCE.

PHYSICIAN INFORMATION

Practitioner's Name: _____

NPI: _____

Practitioner's Signature | Date

Sales Rep _____ Location _____ Phone _____ Fax _____

AdaptHealth Equipment Order | April 2021

Standard Written Order

+ **Patient Information**
+ **Order Date**
+ **Description of Item**
+ **Practitioner Signature**
+ **Practitioner NPI Number or Practitioner Name**

Key Things to Remember Timing Requirements

There are four Medicare timing requirements. The requirements come from the Local Coverage Determinations (LCD), Medicare FAQs, and the Supplier Manual:

1. Face-to-face (F2F) evaluation must occur prior to a sleep study (PSG) (LCD)
2. Sleep study cannot occur more than 12 months prior to dispensing (FAQ) CGS FAQ
3. F2F and order must be within 12 months and occur in that sequence
4. Delivery must occur within 3 months after the order date (for better business practices)

adapthealth

Documentation Examples

adapthealth

Valid Initial Face-to-Face

Sleep Medicine Initial Consultation

Reason for Visit
Consultation and Sleep Problem (Snoring/)

Interval History:
Patient is a 72 Y old female who presents today to establish care in the sleep clinic. She was referred by her neuropsychologist Dr. V[redacted]n for sleep apnea evaluation. She has a medical hx significant for spastic paraparesis s/t transverse myelitis (T7), neurogenic bowel and bladder, CVA in 2020, ataxia, vertigo, CNS vasculitis, anxiety.

Husband has reported snoring for the past 3 years since her Dx with autoimmune vasculitis, stroke, and neurological changes. At times he leaves the bedroom d/t the snoring. She has to sleep on her back d/t mobility.
Mouth is open per husband. No witnessed apnea per say, but snores most nights.
He reports when she is on her side, does not snore, but difficult to keep on her side d/t mobility.

She denies waking feeling like she cannot breath during sleep. Does not wake herself up snoring

No family hx. Denies any other concerning sleep behaviors.

Past Medical History:
Past Medical History:
Diagnosis
- Acute transverse myelitis (CMS-HCC)
  Plasmapheresis x 5 completed, further testing at Mayo
- Anxiety
- Asthma
- Breast cancer (CMS-HCC)
  double mastectomy
- Cataract
  left eye
- Fuch's endothelial dystrophy
- Stroke (CMS-HCC)
  october 2020

Impression/Plan:

Snoring and concern for OSA in the setting of CNS vasculitis
Will start with home sleep study to evaluate

Initial F2F Assessment of OSA signs and symptoms, i.e., loud snoring, observed apneas, History Treatment Plan

Valid Initial Face-to-Face

2. **Snoring -**
Patient has significant snoring and fatigue during the day as well as headaches. He has no problems falling asleep but wakes up multiple times during the night.
Patient symptoms are very typical of OSA also body habitus. I discussed with patient this diagnosis and the potential medical implications. Sleep study also was explained in detail. Will proceed with sleep study. We will proceed with an HST. Study was explained to patient. We will follow-up after testing
R06.83: Snoring
- HOME SLEEP TESTING (PROC)
  Weight (lbs): 237

Patient also snores terrible and he has trouble sleeping. Wakes up often
No problems falling asleep.
No parasomnias
He will wake up at 2 am and eat (cookies etc.)
Feels tired in am and throughout the day.
Has headaches.
He was tested for sleep apnea many years ago never treated.

HOME SLEEP STUDY for [redacted]

Ordering Provider
Performing facility
Reported Date
Accession ID
Performed Date

Initial F2F Assessment of OSA signs and symptoms, i.e., loud snoring, daytime sleepiness
Treatment Plan

Invalid Initial Face-to-Face

Chief Complaint:

No chief complaint on file.

[redacted]

Frank F Harris is a 70 y.o. male who I am seeing for the following cardiovascular conditions:

Problem List Items Addressed This Visit

Active Problems
Bradycardia
Relevant Orders
Echocardiogram 2D complete
Holter monitor - 24 hour
Preoperative cardiovascular examination - Primary
Relevant Orders
NM heart perfusion SPECT stress and rest

History of Present Illness:

I had the pleasure of seeing Mr. [redacted] in the outpatient clinic at [redacted]nter South cardiology consultation for preoperative evaluation. [redacted] is a pleasant 70-year-old gentlemar with a past medical history significant for hypertension and stroke who is currently being evaluated left knee surgery. The surgery has apparently been tentatively scheduled for April 11, 2023.

On today's visit, he states that he has not been experiencing any chest discomfort, shortness of bre lightheadedness, palpitations, or syncope. He further denies experiencing symptoms consistent wit

Physical Exam:

General: Well developed, well nourished, no apparent distress.
Eyes: There are no xanthelasma.
ENT: Oral mucosa without pallor or cyanosis.
Neck: Supple. Carotid upstrokes are normal. There is no evidence of jugular venous pulsations. Car pulses are 2+ bilaterally without bruits.
Respiratory: No intercostal retractions. Chest is clear to auscultation.
Cardiovascular: The PMI is of normal size and nondisplaced. There is a normal S1 and S2 without S S4 gallop. No significant murmur is present. No rubs are present.
Abdomen: Benign without mass or tenderness.
Extremities: No clubbing, cyanosis or edema. The radial and ulnar pulses are 2+ bilaterally.
Musculoskeletal: No severe kyphoscoliosis.
Skin: Without evidence of xanthoma.
Neurological: Alert and oriented x3. Affect appropriate. Neurological exam grossly normal.

Invalid Initial F2F Assessment of OSA no signs and symptoms, i.e., loud snoring, daytime sleepiness

Invalid Initial Face-to-Face

Reason for Visit

Follow Up
Reason for
Visit History

Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, without long-term current use of insulin (CMS-HCC) - Primary
Bruit of left carotid artery
Essential hypertension
Thrombocytopenia (CMS-HCC)
Mixed hyperlipidemia

CHIEF COMPLAINT: Follow Up

HP [redacted]ox is a 87YO male who presents for 6 month followup.
Hx of Type 2 DM, pAfib, sick sinus syndrome/sinus bradycardia, mild AS, HTN, colon cancer s/p hemicolectomy (2003), colonic stricture, colostomy reversed 2006, thrombocytopenia since colon cancer, varicose veins, gout, OA (knees, both hips replaced 2019,2021)

Notices more neuropahty in feet. Feels it more at night when laying there to sleep. Skin feels numb and rough.
Wears compression hosing for few years now
See's podiatrist every 2 weeks

Treadmill 2 half hour sessions per day.
Still works at Sams 2 days per week

No diabetic eye disease.

Constipated once a in a while.
Nocturia x 1
Some snoring now since gaining some wight (lost significant weight w/ colon cancer)

Patient Instructions
Sleep Study

Center for Sleep Medicine in Libertyville
900 Technology Way Ste 120, Libertyville, IL 60048
(847) 231-4721
Or
NorthShore Medical Group Sleep Center
847-663-8200

Invalid Initial F2F Reason for visit was diabetes follow up Documentation “some snoring”

Continued Coverage Beyond Initial Three Months

adapthealth

Objective Evidence of Adherence

What is required

- **PAP Adherence – Per Medicare Guidelines the patient is covered for the first three months of PAP therapy. However, the patient must demonstrate that they are using and benefiting from the device. The adherence download should show the patient is using the device ≥ 70% of nights during a consecutive 30-day period. Anytime during the initial 3 months of usage.**

- **In-person clinical re-evaluation is required – A Second Face to Face (2F2F) evaluation by the physician no sooner than the 31st day to show the patient is using and benefiting from PAP therapy and documentation that the physician has reviewed the adherence download.**

Commonly Asked Questions regarding PAP

Adherence and 2F2F

- **What happens if the patient meets compliance but has not had their 2F2F?**
  - If the adherence download shows the patient meets the guidelines of using the device ≥ 70% of nights during a consecutive 30-day period, then billing will hold until the patient does go see their physician for a re-evaluation. Billing will resume after the 2F2F is on file.
- **Is there a minimum standard we are looking for with the 2F2F note?**
  - Yes, the signed medical records needs to show the continued use and benefit from pap therapy. It also needs to document that the physician reviewed the adherence download.
- **What happens if the physician did not document they reviewed the adherence download but documented the patient is using the device and has great benefit?**
  - We can ask the physician to sign the adherence download to prove they reviewed it.

Documentation Examples

adapthealth

Valid 2nd Face-to-Face

PLAN:

Continue CPAP therapy

Follow up with primary care for B12, may need b12 im

ZOLPIDEM 10 MILLIGRAMS P.O. Q.H.S.

ASHWAGANDHA WITH ZOLPIDEM EVERY NIGHT

Continue to work on sleep hygiene

. **Obstructive sleep apnea syndrome** -

Great compliance and response to auto CPAP. I reviewed the data from the CPAP device and memory download. PAP settings are working well controlling sleep apnea. Patient has great improvement in symptoms with PAP therapy. Patient will benefit from continuing treatment with PAP device. Supplies will be ordered.

G47.33: Obstructive sleep apnea (adult) (pediatric)

. **Vitamin B12 deficiency (non anemic)** -

Follow-up with PCP

E53.8: Deficiency of other specified B group vitamins

. **Primary insomnia** -

Continue Ambien as needed

F51.01: Primary insomnia

- zolpidem 10 mg tablet - Take 1 tablet(s) every day by oral route. Qty: 30 tablet(s) Refills: 5 Pharmacy: WALGREENS DRUG STORE #07506

2nd F2F shows patient to continue CPAP therapy and documentation the physician reviewed the download with great compliance

Valid 2nd Face-to-Face

Follow Up
3 months with me

History of Present Illness
Patient Visit:
She is feeling better overall. Feels the airduo is helpful. Only misses occasionally. Only using albuterol infrequently. Has started wearing cpap again. She got a new mask. It is a nasal mask. Will note leaks around the nose. Not wearing chinstrap. Only mild daytime fatigue. I working on increasing activity.

Vital Signs
HR 68 /min, RR 18 /min, BP 100/58 mm Hg, Wt 126 lbs, Ht 62 in, BMI 23.04 Index, Oxygen sat 97 %, Liter flow ra.

Examination
General Examination:
GENERAL APPEARANCE: alert, pleasant, well nourished, no acute distress.
HEART: no murmurs, no gallops, no rubs, jvp is flat.
LUNGS: no respiratory distress, no crackles, no wheezes, no squeaks.
EXTREMITIES: no clubbing, no cyanosis, no edema, no joint effusions.
Imaging:
12/2022 chest x-ray without acute abnormality
Personally reviewed recent chest imaging 11/2022:Chest x-ray personally reviewed and notable for oblong opacity in the lower right lung field which is new compared to previous, mild perihilar interstitial change which may represent edema.
Pulmonary Function Tests:
8/8/2019:PFTs personally reviewed and notable for normal spirometry and lung volumes, mild reduction in diffusion capacity
12/10/2019:PFTs personally reviewed and notable for normal spirometry. Diffusion capacity is mildly reduced and corrected for alveolar volume, slightly improved from previous
4/4/2023:cpap compliance report reviewed and with > 4 hours per night on > 75% of nights over the last two months since restarting, significant leaks, AHI 6.

2nd F2F shows patient to continue CPAP therapy and documentation the physician reviewed the download with great compliance

Continued Use and Supplies

adapthealth

Chart Note or Updated SWO

A general continuation of need requires us to obtain:

- A recent order by the treating physician / practitioner for refills
- Timely documentation in the beneficiary's medical record showing usage of the item
- For resupplies we need to obtain either a chart note to show benefit and use or a new physician order within 12 months of the resupply.

Documentation Requirements

- If the PAP unit has been paid 13 months by Medicare – Current Detailed Written Order or a chart notes showing using and benefiting is required.

- If the unit was not purchased by Medicare – Face to Face prior to Sleep Study, a signed qualifying Sleep Study, and a Standard Written Order is required.

Documentation Requirements

- Patient entering Medicare will require a Face-to-Face chart note after they are Medicare eligible showing using and benefiting as well as the signed qualifying Sleep Study.

Chart Notes

- A proper chart note for pap resupply will include evidence the patient is still using PAP Therapy and benefitting.

Patient states he uses CPAP 6-8 hours nightly and feels better with improved energy. He requests a new CPAP machine and supplies prescription

Physician Orders

- If the Physician Order on file does not cover the current date of service, we must obtain a new order with all supply items listed that will be supplied to the patient.
- Avoid the use of a Blanket Script
- If adding or changing an item, include all supplies for a patient on the order

Invalid Order- Blanket order

PAP Supplies

- ☒ A4604 Tubing, Heated (1 per 3 months)
- ☒ A7027 Oral/Nasal Mask (1 per 3 months)
- ☒ A7028 Oral Cushion (2 per month)
- ☒ A7029 Nasal Pillows (2 per month)
- ☒ A7030 Full Face Mask (1 per 3 months)
- ☒ A7031 Face Mask Interface (1 per month)
- ☒ A7032 Nasal Cushion Replacement (2 per month)
- ☒ A7033 Nasal Pillow Replacement (2 per month)
- ☒ A7034 Nasal Mask (1 per 3 months)
- ☒ A7035 Headgear Device (1 per 6 months)
- ☒ A7036 Chinstrap Device (1 per 6 months)
- ☒ A7037 Tubing, CPAP (1 per 3 months)
- ☒ A7038 Filter, Disposable (2 per month)
- ☒ A7039 Filter, Non-Disposable (1 per 6 mos)
- ☒ A7046 Humidifier Chamber
- ☒ E0562 Heated Humidifier

A blanket order is an order that has all items checked off, listing ALL PAP supplies. As seen in the example ALL items are checked off as ordered making this an invalid order.

Valid Order

PAP Supplies

- [x] A4604 Tubing, Heated (1 per 3 months)
- [ ] A7027 Oral/Nasal Mask (1 per 3 months)
- [ ] A7028 Oral Cushion (2 per month)
- [x] A7029 Nasal Pillows (2 per month)
- [ ] A7030 Full Face Mask (1 per 3 months)
- [ ] A7031 Face Mask Interface (1 per month)
- [ ] A7032 Nasal Cushion Replacement (2 per month)
- [x] A7033 Nasal Pillow Replacement (2 per month)

- [x] A7034 Nasal Mask (1 per 3 months)
- [ ] A7035 Headgear Device (1 per 6 months)
- [ ] A7036 Chinstrap Device (1 per 6 months)
- [ ] A7037 Tubing, CPAP (1 per 3 months)
- [ ] A7038 Filter, Disposable (2 per month)
- [x] A7039 Filter, Non-Disposable (1 per 6 mos)
- [ ] A7046 Humidifier Chamber
- [ ] E0562 Heated Humidifier

A valid order will include only the items the practitioner is ordering, including the quantity.

Refill & Exhaustion

A refill/exhaustion must be completed no sooner than 14 days of exhaustion and shipment cannot be completed prior to 10 days prior to exhaustion.

Delivery Ticket and Proof of Delivery

- **Delivery Ticket - Method 1** – A signed and dated delivery ticket. If the patient is unable to sign the delivery ticket, the reason why they are not able to sign must be included as well as the relationship of the person signing must be included.
- Anyone including the supplier can date the delivery ticket

- **Delivery Ticket/Proof of Delivery – Method 2** – Shipment of supplies to the patient would require the itemized delivery ticket as well as the proof of delivery to include the tracking number from which carrier has delivered the supplies to the patient.

Replacement of CPAP/BiPAP

adapthealth

Replacement of CPAP Documentation Requirements

Replacement device During RUL due to Loss, Theft, or Irreparable Damage

- Documentation requirements include:
- Reason for replacement
- New SWO

Replacement device following RUL

- Documentation requirements include:
- Face to Face documenting patient continues to use and benefit from the PAP device.
- New SWO.

Beneficiary Entering Medicare

- If the unit was purchased by another insurance company the documentation requirements would include:
- Chart note after the patient is Medicare eligible showing OSA diagnosis and documentation of using and benefiting
- Sleep Study which was signed by the author.
- SWO

Documentation Examples

adapthealth

Valid Replacement and Supplies

Last visit 9/7/21. His CPAP is no longer providing WA. Otherwise, no issues with CPAP. Sleeping well. No new complaints.

Diagnostics Evaluations:
- HSAT 1/13/16: AHI 38.5, SPO2 nadir 62%, mean SPO2 85.9%
- CPAP titration 2/11/16: APAP 7-12cwp recommended without O2
- Titration 8/24/21: cpap 7 to 12 tested. SpO2 remained normal throughout. Medium P10 used. PLMi 35. CPAP 12cwp EPR 0 recommended
- 30 day DDL: 100% usage, AHI 0.5

Established Diagnoses and Status:
- severe OSA: controlled with PAP. Benefits: refreshing sleep
- Degenerative joint disease, status post knee replacements
- S/p Rt shoulder RCR: November 2018
- Obesity, BMI 37.3
- Hypertension

Management Recommendations:
- Met compliance 5/6/16. Continue use of **CPAP 12cwp EPR 0 through aerocare lafayette**
- The pathophysiology and possible treatment options for obstructive sleep apnea were discussed with the patient today. I also discussed the risks of untreated sleep apnea including hypertension, diabetes, heart attack, stroke and dementia.
- There is a likely lifetime need for nPAP (all night, every night) due to the risks of untreated obstructive sleep apnea including heart disease, hypertension, stroke, diabetes, and fatal accidents due to sleepiness. This was again discussed with the patient today.
-Safety issues of excessive sleepiness discussed: avoid driving or engaging in risky behavior if sleepy. Moreover, should sleepiness occur while driving it is best to pull over immediately in a safe environment and either take a short nap until safe to drive once more or engage in alerting activities until safe to drive.

COLORADO SLEEP INSTITUTE

Supply	AUTO-PAP EQUIPMENT	
	Length of Need: 99 months (lifetime) **Cool Humidifier: 0 units** **Heated Humidifier: 1 unit** **Mask: Mask of Choice**	**Max (cm H2O): CPAP 12cwp EPR 0** **Min (cm H20): CPAP 12cwp EPR 0** **Apnea-Hypopnea Index (AHI): 38** **Lowest O2 sat: 62**

Replacement CPAP

Patient had CPAP prior to Medicare. Patient initially got supplies and a CPAP later.

F2F : Continue to use and benefit.

Proof of OSA: PSG and interpretation

Standard Written Order

Will these notes pass an audit for E0601 replacement?

- **This note documents patient has OSA diagnosis, previously used CPAP for entire duration of the night, every night and feels treatment improves sleep quality**

Plan

Assessment and Plan:

1) Obstructive sleep apnea (ICD-10: G47.33)
[redacted] has had a long standing diagnosis of obstructive sleep apnea since initial sleep study in 1999. He recently had a repeat in home sleep study performed 2/20/2023 that showed severe obstructive sleep apnea with AHI of 44.7. He has previously used CPAP for the entire duration of the night, every night. Patient feels treatment improves sleep quality and he feels better rested. I recommend patient continue CPAP therapy at a pressure of 8 cm H20 as I find it to be medically necessary. He needs a new script for CPAP as his previously machine has started to break down. We will submit new order.

Subjective

Subjective:
[redacted] is a 71 y.o. male who presents to CU Medicine Family Medicine - Park Meadows for Sleep Apnea

[redacted] notes that he is having difficulty getting his CPAP machine. He had CPAP covered under Anthem. He is now on Medicare. He notes he needs an in office visit and a new script for the machine.

Patient Entered Data: How have you been since your last visit?
What are the top 3 questions for your visit?
Q1. need a new CPAP

- **The note also indicates it is a live interactive videoconferencing visit**

[redacted]

Received via Fax
Electronically Star

Constitutional:
Appearance: Normal appearance.

Neurological:
Mental Status: He is alert.
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.
Thought Content: Thought content normal.
Judgment: Judgment normal.

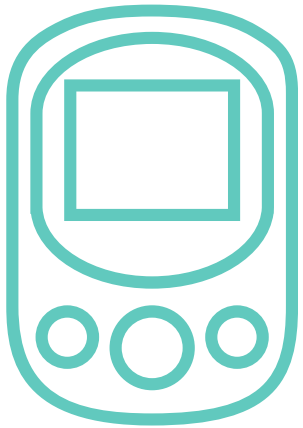
The patient was seen over live interactive videoconferencing an[redacted]has been consented for live interactive videoconferencing. I discussed the use of videoconferencing with the patient including alternative methods for meeting, the limits of confidentiality and emergency procedures and resources.

Location of patient: at their home in Colorado

[redacted], MD

References

adapthealth



PAP References

- Noridian On Demand

  PAP and RAD supplies
- Clinician PAP Letter
- PAP Checklist
- PAP LCD

AdaptHealth Audit Talk

AdaptHealth provides live monthly webinars provided by the Audit Services Team:

- **Who:** Managers, intake, operations, billing, and compliance personnel
- **When:** Every 4th Wednesday of the month
- **Time:** 1:00 p.m. EST
- **Where:** Webinar registration
- **Contact:** Request more information from your manager or compliance personnel
- **Learning Objectives:**
  - Review of external audit findings
  - Q&A on all lines of business
  - Practical examples

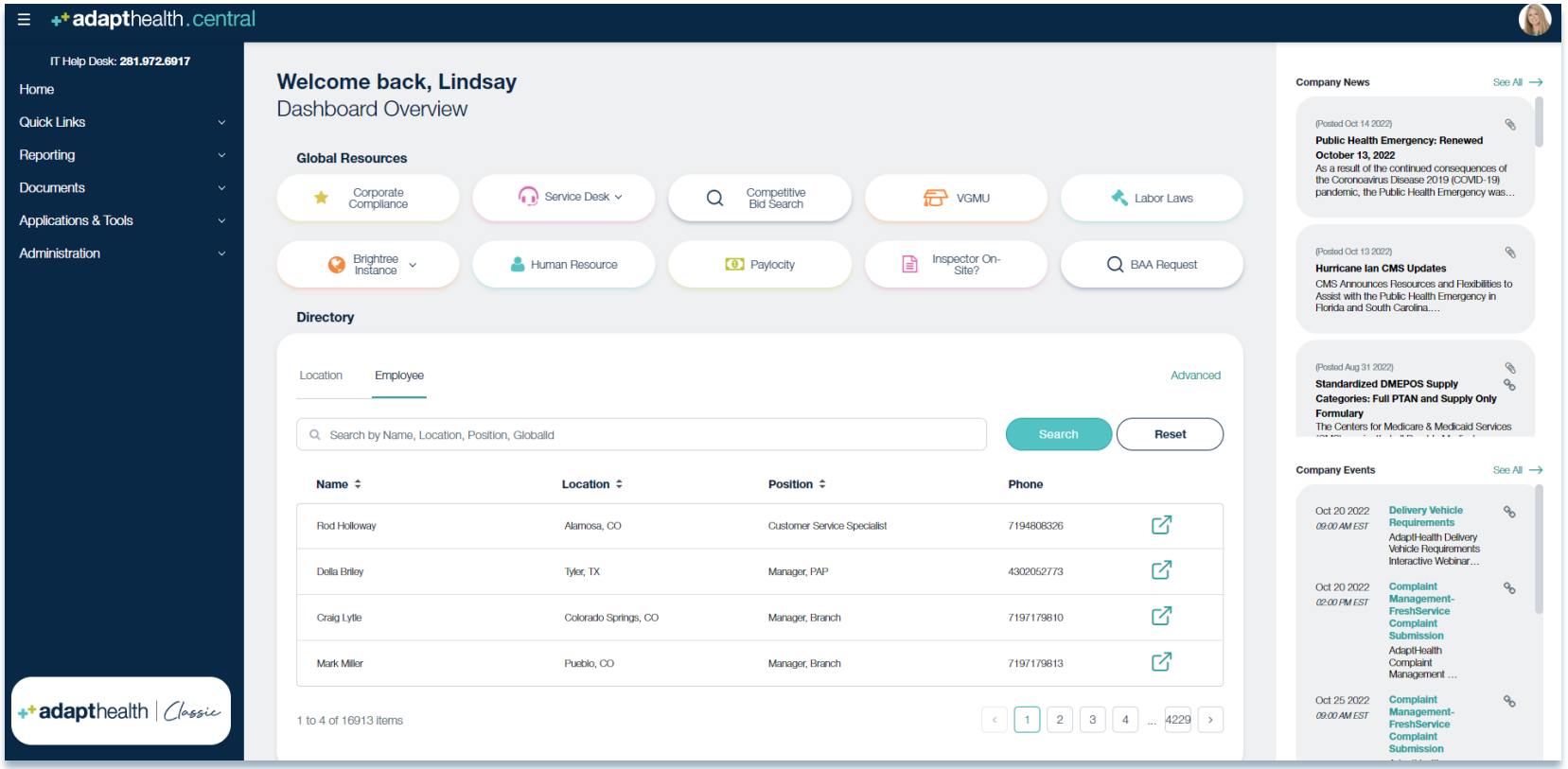
AdaptHealth Initial Oxygen and Initial PAP Training

AdaptHealth provides live monthly webinars provided by the Audit Services Team:

- **Who:** Managers, intake, operations, billing, and compliance personnel
- **When:** Every 1st Tuesday of the month
- **Time: Oxygen:** 1:00 p.m. EST; **Pap**: 2:00 p.m. EST
- **Where:** Webinar registration
- **Contact:** Request more information from your manager or compliance personnel
- **Learning Objectives:**
  - Review of coverage criteria
  - Review documentation requirements
  - Q&A

All Payer Audit Connection Newsletter

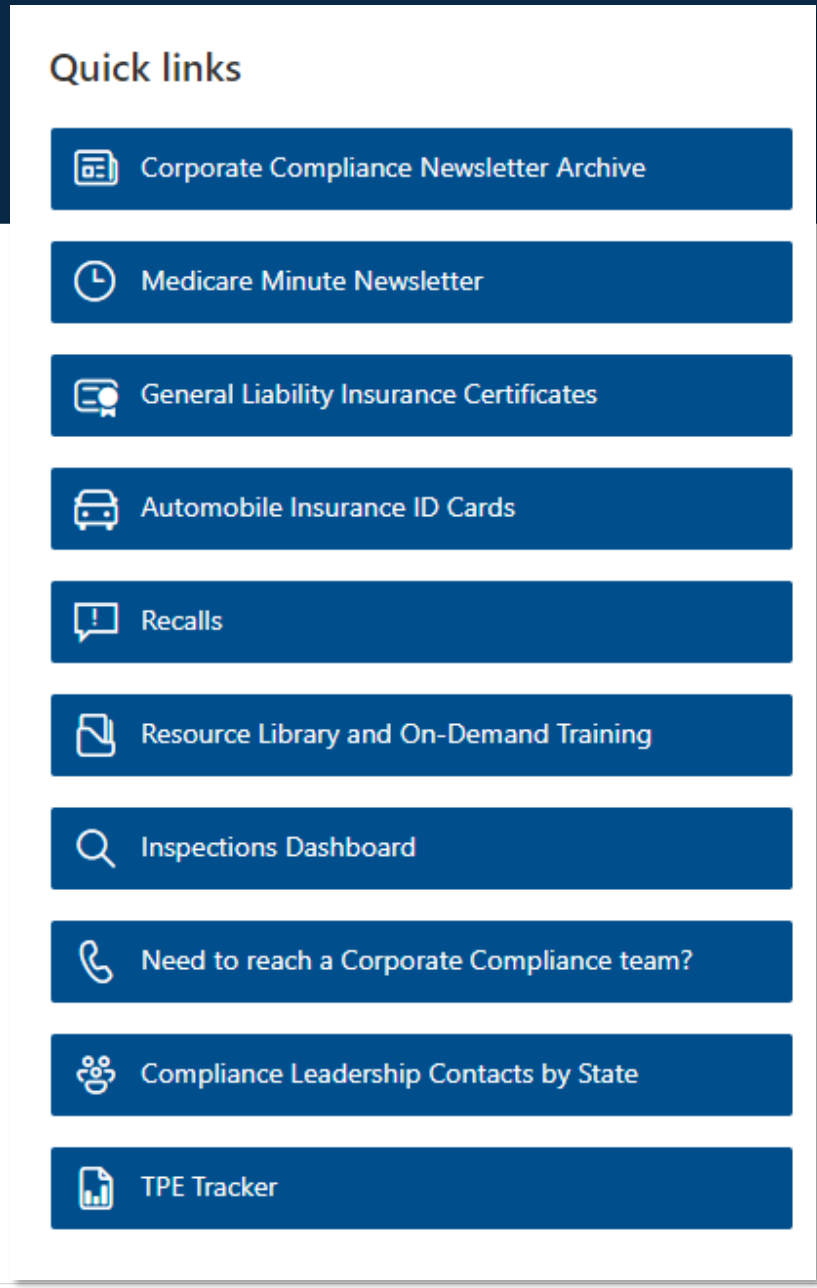
Utilizing Company Resources



Company News
See All
(Posted Oct 14 2022)
Public Health Emergency: Renewed October 13, 2022
As a result of the continued consequences of the Coronoavirus Disease 2019 (COVID-19) pandemic, the Public Health Emergency was...
(Posted Oct 13 2022)
Hurricane Ian CMS Updates
CMS Announces Resources and Flexibilities to Assist with the Public Health Emergency in Florida and South Carolina....
(Posted Aug 31 2022)
Standardized DMEPOS Supply Categories: Full PTAN and Supply Only Formulary
The Centers for Medicare & Medicaid Services
Company Events
See All
Oct 20 2022 09:00 AM EST
Delivery Vehicle Requirements
AdaptHealth Delivery Vehicle Requirements Interactive Webinar...
Oct 20 2022 02:00 PM EST
Complaint Management-FreshService Complaint Submission
AdaptHealth Complaint Management ...
Oct 25 2022 09:00 AM EST
Complaint Management-FreshService Complaint Submission

Utilizing Company Resources

- Corporate Compliance Newsletters
- Previous Editions of Medicare Minute Newsletter
- COVID-19 Resources
- Resource Library
- On-Demand Training



Corporate Compliance Contact Details

AdaptHealth Compliance Hotline
844-256-8560

AdaptHealth Compliance Online
Adapthealth.ethicspoint.com

AdaptHealth Compliance Email
Compliance@adapthealth.com

Employees are assured they can report any potential non-compliant activities without fear of retaliation or recrimination

Audit Contacts

+ **General Audit Inquiries** audits@adapthealth.com

Sharon Briggman
Medicare Audit Manager

Sharon manages the external audit process for all Medicare activity throughout the company.

Sharon.briggman@adapthealth.com

Michelle Jones
Commercial/Medicaid Audit Manager

Michelle manages the external audit process for all Commercial and Medicaid audit activity that comes in throughout the company.

Michelle.jones@adapthealth.com

Nella Turgeon
Internal Audit Manager

Nella oversees the Internal audit program which include monthly audit activity. The internal audit department focuses on monthly, process, and focused audits.

Nella.turgeon@adapthealth.com

Carla Cespedes
Director of Audit Services
ccespedes@adapthealth.com

Questions?

adapthealth

Thank You!