

## CPAP/BiPAP Device and Supplies Detailed Written Order

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ Order date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ PAP/supplies length of need: \_\_\_\_\_ months

### CPAP/BiPAP Supplies

#### HCPCS Product Description

- A7030 Full face mask used with PAP device
- A7031 Full face mask replacement cushion
- A7035 Headgear used mask/interface
- A7034 Nasal mask or pillow mask
- A7033 Nasal mask replacement pillow
- A7032 Nasal mask replacement cushion
- Mask to fit

#### HCPCS Product Description

- A7036 Chin strap used with PAP device
- A4604 Heated tubing used with PAP device
- A7037 Tubing used with PAP device
- A7046 Water chamber for humidifier
- A7038 Filter disposable for PAP device
- A7039 Filter non-disposable for PAP

### CPAP/BiPAP Machines

#### HCPCS Product Description

- E0562 Heated humidifier
- E0561 Humidifier, cold pass over
- E0601 CPAP-Standard  
Pressure Setting: \_\_\_\_\_ cm H2O (4–20cm)
- E0601 Auto CPAP  
Auto pressure setting \_\_\_\_\_/\_\_\_\_\_ cm (4–20cm)
- E0470 BiPAP - Standard  
IPAP: \_\_\_\_\_ EPAP: \_\_\_\_\_ (4–25 cm)
- E0470 BiPAP Auto-Respironics  
Max IPAP: \_\_\_\_\_ (4–25cm)  
Min EPAP: \_\_\_\_\_ (4–25cm)  
Min PS: \_\_\_\_\_ (0–8 cm)  
Max PS: \_\_\_\_\_ (0–8 cm)
- E0470 BiPAP AirCurve Auto-Resmed  
Max IPAP: \_\_\_\_\_ (4–25 cm)  
Min EPAP: \_\_\_\_\_ (Range 4cm < IPAP)  
PS: \_\_\_\_\_ (0–10 cm)

#### HCPCS Product Description

- E0471 BiPAP ST  
IPAP: \_\_\_\_\_ (4–25 cm)  
EPAP: \_\_\_\_\_ (4–25 cm)  
Rate: \_\_\_\_\_ (5–30 BPM)
- E0471 BiPAP Auto SV-Respironics  
Max IPAP: \_\_\_\_\_ (4–25cm)  
Min EPAP: \_\_\_\_\_ (4–25cm)  
Max PS: \_\_\_\_\_ (0–21 cm)  
Min PS: \_\_\_\_\_ (0–21 cm)  
Max Pressure: \_\_\_\_\_ (25cm)  
Rate: \_\_\_\_\_ (auto, 4–30, off)
- E0471 ASV-Aircurve-Resmed  
Max IPAP: \_\_\_\_\_ (4–15cm)  
Min EPAP: \_\_\_\_\_ (4–15cm)  
Min PS: \_\_\_\_\_ (0–6 cm)  
Max PS: \_\_\_\_\_ (5–20 cm)

Physician name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Physician NPI: \_\_\_\_\_ Physician phone: \_\_\_\_\_

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**For more information: (800) 940-5151**  
**Fax: (800) 676-3127**



# Answers to Frequently Asked Questions

## Medicare Requirements for Respiratory Equipment

- All criteria for prescribed equipment must be documented in the progress note/ F2F visit. Criteria will not be accepted on the script or letterhead.
- Physician that performs the face-to-face (F2F) encounter prior to the sleep study does not have to be the prescribing physician for pap equipment.
- Baseline sleep study must be signed by interpreting physician.
- Interpreting physician must be board certified in sleep medicine.
- All scripts must be signed and dated with practitioner's NPI and must include prescribed respiratory settings.
- Medicare beneficiaries are only eligible for new equipment after 5 years.
- Replacement orders for equipment greater than 5 years old must include a recent F2F encounter documenting the need for new equipment and their qualifying diagnosis.
- F2F encounter for all respiratory equipment must be within 6 months of order.
  - The face-to-face requirements can be further reviewed in the MLN Matters article (MM8304) published by CMS. There is also a Dear Physician letter published by CGS that further discusses the 6 month time-frame.
    - <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/DetailedWrittenOrdersandFacetoFaceEncounters.pdf>
    - [http://www.cgsmedicare.com/pdf/f2f\\_wo\\_requirements\\_highcostdme.pdf](http://www.cgsmedicare.com/pdf/f2f_wo_requirements_highcostdme.pdf)

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