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Re: Standard Written Order for Positive Airway Pressure Therapy Masks

Dear DME MAC Directors,

As the leading voice in the sleep field, the AASM sets standards and promotes excellence in sleep medicine health care, education, and research. The AASM has a combined membership of 11,000 accredited member sleep centers and individual members, including physicians, scientists, and other health care professionals.

Our physician members, patients, and Durable Medical Equipment (DME) partners have brought to our attention the concern of repeated denials for Positive Airway Pressure (PAP) therapy mask prescriptions. This is causing significant adverse effects for many of our Medicare beneficiary sleep patients who have incurred undue delays with replacing masks or initiating therapy.

Most DMEs have been audited for “blanket scripts” if the order didn’t

specify mask type or had multiple options selected. The DME Medicare Administrative Contractor (MAC) requires that the Standard Written Order (SWO) either specifies the particular mask type, or that the medical

record documents the mask of choice to support it. This type of documentation is often not included in the medical record, and any time a SWO is received without specifying the mask type the supplier must go back to the prescriber to obtain a new order with the needed information.

Relevant excerpts from the previous CGS/Noridian attachments:

- **CGS detailed written order guidance:** *"The following are examples of forms listing multiple items, which would be considered invalid detailed written orders: [1] Forms listing incompatible items without specific items being selected. For example, for CPAP, a form which includes the full-face mask, nasal mask, and nasal pillows with none being specifically selected by the physician. [2] Forms in which incompatible items are checked off or selected, either by the supplier or the physician. For example, a form which includes full-face mask, nasal mask, and nasal pillows and two or all three are selected."*
- **(Noridian) Jurisdiction D '20 meeting summary:** When asked if a CPAP mask order needs to specify nasal or face mask, *"Dr. Mamuya said it will be necessary for the order to contain all of the required elements of a valid SWO [standard written order]. The specific information such as type of mask etc. can be documented in the patient's medical record. Suppliers should locate this prior to billing. This will be necessary to produce in audits and compliance."*
- **(CGS) Jurisdiction B PAP denial help aid guidance:** *"Below are categories of denials associated with PAP devices… The order in the file is not a valid detailed written order because it is a blanket order or lacks sufficient detail to show that the item(s) the supplier delivered was the item(s) the physician actually ordered. Blanket orders are not valid orders. A blanket order is one that is printed on a supplier's stock form and formatted to list equipment, accessories and supplies in such a way that the ordering physician cannot or does not individualize the order for each beneficiary. Examples include bundling supplies in a way that does not individually list each separately billable item (e.g. "CPAP supplies" or providing a list of same/similar items without a checkbox or another way for the physician to be able to pick and choose what is being ordered."*

The sleep physician will often order a variety of masks to adjust mask type based on patient/DME interactions at the setup or during the trial phase. There has been a paradigm shift in the sleep laboratory practice during the COVID pandemic whereby all patients must be titrated with a COVID-safe full-face mask with a viral filter and have no opportunity to sample different types of masks. For that reason, we are now dependent on the DME-patient mask assignment as we are not able to safely show any other type of mask to the patient during their sleep study.

We do not believe that there is any risk for DME fraud and abuse given that there are only 2 HCPCS codes for either a nasal/pillow mask or full-face mask (FFM), which receive marginally different reimbursement. Furthermore, the DME are expectedly very attentive to optimizing the patient's comfort as the priority. The mask brand has not been shown to affect the therapy, and

the DME supplier should be able to fit the patient with the most appropriate interface unless otherwise stated by the ordering physician. Evidence strongly supports that the patient's initial and ongoing compliance is highly dependent on a good introductory experience and optimization of the mask fitting. The need for an FFM to address mask leak issues is handled by the mandatory observations from the download during follow-up for which we also rely on our DME partners.

The major safety risk to any of our patients is a delay in the initiation or continuation of reasonable and necessary PAP therapy. We at the AASM, as experts in the care of sleep patients, ask that the DME MAC directors reconsider their interpretation of a "blanket order" specific to PAP masks to allow for the DME supplier and patients to select the mask and tubing that work best for the patient without delay. This would also align with the CMS 'Patients Over Paperwork' effort. We will make ourselves available for video or phone discussion to provide further information in this regard. If you have any questions regarding this communication or would like to reach out for further discussion, please contact AASM Director of Health Policy, Diedra Gray, at (630) 737-9700 or dgray@aasm.org.

Sincerely,

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