**REQUIRED DOCUMENTATION**

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

- **Documentation of Dispensing Order** (written, fax, or verbal order):
  - Description of the item
  - Name of the beneficiary
  - Prescribing physician/practitioner’s name
  - Date of the order
  - Prescribing physician/practitioner’s signature (if a written order) or supplier signature (if verbal order)

**NOTE:** Only required if items are dispensed prior to the signature date on the detailed written order.

- **Detailed Written Order** for any accessories/supplies:
  - The DWO contains all of the following elements:
    - Beneficiary’s name
    - A description of all items, options, accessories or additional features that are separately billed or require an upgraded code. 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 supplies – list all supplies that are separately billable, and for each include the frequency of use (if applicable), and the quantity dispensed
    - Prescribing physician/practitioner’s signature (and date if applicable*)
    - Date of the order

* Someone other than the physician/practitioner may complete the DWO of the item unless statute, manual instructions, the contractor’s LCD or policy articles specify otherwise. However, the prescribing physician/practitioner must review the content and sign and date the document.

- **Refill Request**
  - Items Were Obtained In Person at a Retail Store
  - Written Refill Request Received from the Beneficiary
  - Telephone Conversation Between Supplier and Beneficiary

<table>
<thead>
<tr>
<th>Items Were Obtained In Person at a Retail Store</th>
<th>Written Refill Request Received from the Beneficiary</th>
<th>Telephone Conversation Between Supplier and Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed Delivery Slip</td>
<td>Name of beneficiary or authorized rep (indicate relationship)</td>
<td>Beneficiary’s name</td>
</tr>
<tr>
<td>- Beneficiary’s name</td>
<td>- Description of each item being requested</td>
<td>- Name of person contacted (if someone other than the beneficiary include this person’s relationship to the beneficiary)</td>
</tr>
<tr>
<td>- Date</td>
<td>- Date of request</td>
<td>- Description of each item being requested</td>
</tr>
<tr>
<td>- List of items purchased</td>
<td>- Quantity of each item beneficiary still has remaining</td>
<td>- Date of contact</td>
</tr>
<tr>
<td>- Quantity received</td>
<td>- Request was not received any sooner than 14 calendar days prior to the delivery/shipping date</td>
<td>- Quantity of each item beneficiary still has remaining</td>
</tr>
<tr>
<td>- Signature of person receiving the items</td>
<td>- Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product</td>
<td>- Contact was not made any sooner than 14 calendar days prior to the delivery/shipping date</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td>- Shipment/delivery occurred no sooner than 10 calendar days prior to the end of usage for the current product</td>
</tr>
<tr>
<td>Itemized Sales Receipt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Beneficiary’s name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Detailed list of items purchased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Quantity received</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**NOTE:** For non-consumable supplies i.e., those more durable items that are not used up but may need periodic replacement (e.g., PAP and RAD supplies) the supplier must assess whether the supplies remain functional, providing replacement (a refill) only when the supply item(s) is no longer able to function. The supplier must document the functional condition of the item(s) being refilled in sufficient detail to demonstrate the cause of the dysfunction that necessitates replacement (refill).

### 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 a face-to-face 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:**
- Face-to-face 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* (Continued Medical Need for the equipment/accessories/supplies is verified by either):
  - A refill order from the treating physician 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

<table>
<thead>
<tr>
<th>Direct Delivery</th>
<th>Shipped/Mail Order Tracking Slip</th>
<th>Shipped/Mail Order Return Post-Paid Delivery Invoice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary’s name</td>
<td>Shipping invoice</td>
<td>Shipping invoice</td>
</tr>
<tr>
<td>Delivery address</td>
<td>o Beneficiary’s name</td>
<td>o Beneficiary’s name</td>
</tr>
<tr>
<td>Quantity delivered</td>
<td>o Delivery address</td>
<td>o Delivery address</td>
</tr>
<tr>
<td>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.</td>
<td>o 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.</td>
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</tr>
<tr>
<td>Delivery date</td>
<td>o Quantity shipped</td>
<td>o Quantity shipped</td>
</tr>
<tr>
<td>Signature of person accepting delivery</td>
<td>o Tracking slip</td>
<td>o Date shipped</td>
</tr>
<tr>
<td>Relationship to beneficiary</td>
<td>o References each individual package</td>
<td>o Date delivered</td>
</tr>
<tr>
<td></td>
<td>o Delivery address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Package I.D. #number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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)</td>
<td></td>
</tr>
</tbody>
</table>

*Continued Medical Need for the equipment/accessories/supplies is verified by either:*  
- A refill order from the treating physician 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 date

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

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

- 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

- Positive Airway Pressure (PAP) Tool

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.