



September 9, 2020

*We IMPACT lives.*

Kannan Ramar, MD  
President, American Academy of Sleep Medicine  
2510 N. Frontage Rd.  
Darien, IL 60561  
Via email to: [orivero@aasm.org](mailto:orivero@aasm.org)

RE: Orders for Positive Airway Pressure Devices Interfaces

Dear Dr. Ramar,

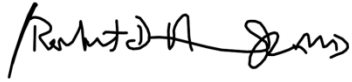
Thank you for your correspondence to the DME MAC medical directors dated September 3, 2020 in which you outlined your membership's concern regarding claim denial by the DME MACs. Specifically, you noted that the DME MACs require that the Standard Written Order (SWO) either specifies the particular mask type, or that the medical record documents the mask of choice to support it. You point out that 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. 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.

In addition to the points described above, you stated that the current COVID-19 PHE has resulted in 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, sleep medicine practitioners are now dependent on the DME-patient mask assignment and are not able to safely show any other type of mask to the patient during their sleep study. You assert a belief that there is low 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 and that the mask brand has not been shown to affect the therapy. In summary, you believe that the DME supplier should be able to fit the patient, based on a general description of "mask" on the SWO, with the most appropriate interface unless otherwise stated by the ordering physician.

While the DME MAC medical directors appreciate the points raised in your letter, unfortunately we are unable to change the Medicare requirements for SWO or the requirements for reviewers to determine correct coding and reimbursement of the specific products provided to Medicare beneficiaries. Moreover, there are specific replacement frequencies (and associated claim edits) that restrict dispensing of PAP interfaces to specific timeframes. The DME MAC medical directors are aware of the clinical implications of the points you raise and will discuss this issue

internally and with CMS to come up with potential solutions to the issue of interface orders and replacement interfaces.

Sincerely,



Robert D. Hoover, Jr., MD, MPH, FACP

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