

## CMS Face to Face Checklist for Continuation of Supplies Physician Note Requirements

This information *MUST* be contained in your Face to Face visit note.  
No Addendums or Telephone Encounters are accepted by CMS.

- Positive Airway Pressure (CPAP, APAP, BiPAP, etc.) **device download** shows patient is compliant on current machine therapy.  
*Compliance equals using the machine > or = 4 hours a night 70% of the time within at least a recent thirty day window.*
- Specific wording stating **“Pt continues to use and benefit from PAP therapy.”**
- Epworth Sleepiness Scale (ESS)** recorded-*Total up the answers below. If the question is N/A place in 0.*

Choose the most appropriate response for each situation below	High Chance of Dozing	Moderate Chance of Dozing	Slight Chance of Dozing	Would Never Doze
Sitting and reading	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Watching TV	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
As a passenger in a car for an hour without a break	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Sitting inactive in a public place	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Lying down to rest in the afternoon	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
In a car while stopped for a few minutes	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Sitting quietly after lunch without alcohol	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Sitting and talking with someone	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

- BMI**
- Neck Circumference-** *in inches*

### Other documentation that needs to be submitted to DME/HME

(DMEs will provide order sheets specific to their company upon request)

- New order for supplies states:

#### Patient Interface

- Best fit for patient (Respiratory Therapist will fit patient according to individual needs upon setup)
- Mask: \_\_\_\_\_ Size: \_\_\_\_\_ Type:  Full Face Mask (A7030)  Oral/Nasal Mask (A7027)  
 Nasal Pillows (A7029)

The following dispensable equipment is necessary for the proper use of the equipment and needs to be replaced on a regular basis according to recommended guidelines or as dictated by the patient's insurance.

- |  |  |
|--|--|
| <input type="checkbox"/> Wireless monitoring (A9279)                       | <input type="checkbox"/> Nasal cushions (A7032) 2 per month      |
| <input type="checkbox"/> Heated tubing (A4604) 1 per 3 months              | <input type="checkbox"/> Pillow cushions (A7033) 2 per month     |
| <input type="checkbox"/> Heated tubing w/ O2 port (A4604) 1 per 3 months   | <input type="checkbox"/> Full face cushions (A7032) 2 per month  |
| <input type="checkbox"/> Slim Tubing (A7037) 1 per 3 months                | <input type="checkbox"/> Headgear (A7035) 1 per 6 months         |
| <input type="checkbox"/> Standard tubing (A7037) 1 per 3 months            | <input type="checkbox"/> Chinstrap (A7036) 1 per 6 months        |
| <input type="checkbox"/> Humidifier tub, disposable (A7046) 1 per 6 months | <input type="checkbox"/> Full face Interface (A7031) 1 per month |
| <input type="checkbox"/> Humidifier tub, cleanable (A7046) 1 per 6 months  |  |

#### Statement of Medical Necessity

The above patient has undergone polysomnographic evaluation. This evaluation has confirmed the diagnosis of Sleep Apnea. PAP therapy is medically necessary and provides the most effective treatment. I certify that the above prescribed item(s) is/are medically indicated and in my opinion is/are reasonable and medically necessary with reference to the standards of medical practice for this patient's condition.

Length of need:  99 Years  Other: \_\_\_\_\_ Start Date: \_\_\_\_\_