Navigating the Documentation Maze

Respiratory and DME Quick Reference Guide

adapthealth

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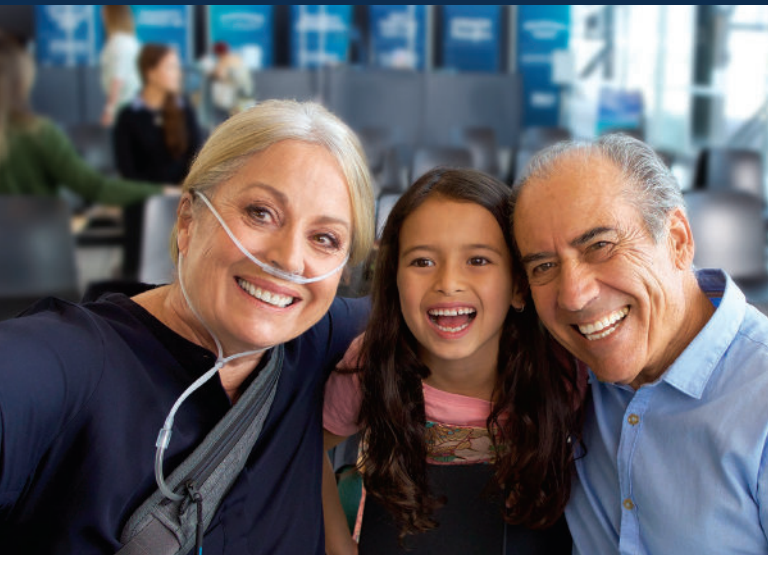


Nebulizer and Medication

Nebulizer Order Checklist

1) Patient demographic information

2) Face to face chart notes stating why the patient is being prescribed nebulizer therapy and approved ICD-10 codes ranging from J41.0 through J70.9 along with nebulizer medication being prescribed

3) Standard Written Order - see page 22 for SWO requirements

Nebulizer and Medication

Medication

1) Face to face chart notes with documentation of medical necessity for the medication by drug name and strength in the progress note, along with chronic respiratory diagnosis

2) Signed medication order that includes drug name, strength, frequency of use and a quantity to dispense equal to a one month supply

Medication provided:

Drug	HCPC	Covered Diagnosis	Diagnosis Code
Albuterol DuoNeb Ipratropium Formoterol Arformoterol Yupelri	J7613 J7620 J7644 J7606 J7605 J7677	Chronic Obstructive Pulmonary Disease and more	J41.0 - J70.9
Budesonide	J7626	Asthma and more	J41.0 - J70.9
Tobramycin	J7682	Bronchiectasis	J47.0 - J47.9
Acetylcysteine	J7608	Thick purulent mucus	J41.0 - J70.9 and R09.3

Oxygen Therapy

Oxygen Order Checklist

Please provide the following documentation when ordering oxygen:

+ Patient demographic information

+ Face to face chart notes stating why the patient is being prescribed oxygen therapy

+ **(Group I)** Proof of qualifying saturation levels - physician signed testing and/or chart notes documenting SaO2 ≤ 88% with explanation of how the test was performed such as at rest, with exertion, and on room air; or an Arterial Blood Gas (at rest/awake) indicating a PO2 at or below 55 mmHg

Oxygen Therapy

+ **(Group II)** Proof of qualifying saturation levels - physician signed testing and/or chart notes documenting SaO2 89% with explanation of how the test was performed such as at rest, with exertion, and on room air - an Arterial Blood Gas (at rest/awake) indicating a PO2 of 56-59 mmHg with any one of the following: (a) Dependent edema suggesting congestive heart failure or (b) Pulmonary hypertension or cor pulmonale; or c) Erythrocythemia with a hematocrit greater than 56 percent

+ **(Group III)** Absence of hypoxemia defined in Group I and Group II and a medical condition with distinct physiologic, cognitive, and/or functional symptoms documented in high-quality, peer-reviewed literature to be improved by oxygen therapy, such as cluster headaches (not all inclusive). Proof of qualifying saturation levels is not required.

+ Oxygen Standard Written Order (SWO) required elements:
  + Patient name
  + Order date
  + Specific oxygen equipment ordered with liter flow, duration and method of delivery – in addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (list each separately)
  + Quantity to be dispensed
  + Treating practitioner name or National Provider Identifier (NPI)
  + Treating practitioner's signature
  + SWO date must be on or prior to delivery date and needs to be on file prior to billing

Oxygen Therapy

Qualifying a Patient for Oxygen with OSA

Qualifying a patient for oxygen who also has or is suspected of having Obstructive Sleep Apnea (OSA) requires special consideration.

If the patient has or is suspected of having OSA, the OSA must be sufficiently treated/resolved such that the underlying severe lung disease is unmasked. What does that mean?

To qualify a patient for oxygen who also is suspected of having or has been diagnosed with OSA, one of the following must be done:

+ Tested and qualified at rest on room air
+ Tested and qualified with exertion on room air with saturations documenting improvement per Medicare guidelines (see page 4-5)
+ Rule out OSA as a diagnosis with a sleep study if the diagnosis was listed or suspected in any of the visit notes
+ If OSA is confirmed, a titration study should prove that OSA is resolved with PAP therapy but oxygen desaturations still remain. The patient must desaturate to 88% or below during the successful portion of the titration
+ Documentation of a disease or condition which is expected to improve with oxygen therapy must still be in the medical record for oxygen to be covered.

Note: An overnight pulse oximetry test will not qualify a patient with OSA for oxygen. Resolution of the OSA must be documented in the titration portion of the sleep study showing that low oxygen levels continue after resolution of the OSA. This must be during a sleep study in a lab during the titration.

Oxygen Therapy

What is Necessary for Oxygen Renewal

Oxygen Renewal Group I:
One of the following:

+ The patient was seen and evaluated by the treating physician within 12 months prior to the date of renewal. The face-to-face chart notes document the patient continues to use and benefit from the oxygen or
+ Standard Written Order (SWO)

Oxygen Therapy

Oxygen Renewal Group II:
All of the following:

+ The patient was seen and evaluated by the treating physician between the 61st and 90th day prior to the renewal. The face-to-face chart notes document the patient continues to use and benefit from the oxygen and
+ The patient has a repeat qualifying blood gas or oximetry test by the treating practitioner between the 61st and 90th day prior to the renewal and
+ Standard Written Order (SWO)

Oxygen Renewal Group III:
All of the following,

+ The patient was seen and evaluated by the treating physician between the 61st and 90th day prior to the renewal. The face-to-face chart notes document the patient continues to use and benefit from the oxygen and
+ Standard Written Order (SWO)

What is Necessary for Medicare Oxygen Renewal?

+ Medicare requires the physician's medical records support the continued use and benefit from oxygen therapy.
+ The patient is seen and evaluated by the treating physician prior to the renewal date.

PAP Therapy

PAP Order Checklist

1) Patient demographic information

2) Face to face chart notes prior to the sleep study discussing the symptoms leading to the need for a sleep study

3) Sleep study (qualifying diagnostic sleep study signed and dated by a Sleep Certified Physician)

4) Titration sleep study (signed and dated by a Sleep Certified Physician) NOTE: Titration not required if ordering AutoPAP device

5) Standard Written Order - see page 22 for SWO requirements

PAP Therapy

Medicare Requirements

Medicare has specific requirements for coverage of PAP devices.

The patient must have a face to face clinical evaluation by the treating physician prior to the sleep test to assess the patient for obstructive sleep apnea.

The patient must have a Medicare-covered sleep test that indicates an apnea-hypopnea index (AHI) greater than or equal to 15 events per hour with a minimum of 30 events. If the AHI is 5 to 14 events per hour with a minimum of 10 events, one of the following must be documented:

1) Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia
2) Hypertension, ischemic heart disease, or history of stroke

Continued Coverage Beyond the First Three Months of Therapy

Between the 31st and 91st day after initiating therapy, a patient must have a face to face clinical re-evaluation with their physician. The medical record must document that symptoms of obstructive sleep apnea are improved and show objective evidence of adherence to use of the PAP device.

Adherence to therapy is defined as use of PAP for 4 or more hours per night on 70% of nights during a consecutive 30 day period anytime during the first three months of initial usage.

In addition, the physician needs to document in the patient's medical record the compliance data was reviewed.

Ventilators

Vent Order Checklist

1) Patient demographic information

2) Mechanical ventilator order including:
   + Patient name
   + Order date
   + Specific vent model, mode(s), and parameters for each mode, and any supplies being ordered
   + Treating practitioner name or National Provider Identifier (NPI)
   + Treating practitioner's signature with date
   + Respiratory Therapist to titrate any parameters not specified including set rise time, inspiratory time, trigger, flow pattern and other comfort settings
   + Quarterly and PRN clinical assessments to include oximetry, breath sounds, oxygen titration, alarm adjustments

Ventilators

Vent Order Checklist (continued)

3) Face to face chart notes (less than 12 months old)
   + Diagnosis (need one):
     + Chronic Respiratory Failure consequent to COPD
     + Restrictive Thoracic Disorder
     + Neuromuscular disorder
   + Diagnostic testing (need one): ABG or PFT
   + BiLevel/RAD should be ruled out due to either having been tried and failed by the patient, or the note should document medical reasonings as to the inability of the BiLevel/RAD to meet the needs of the patient
   + Risk of harm/severity: notes clearly show patient has life threatening condition and is at significant risk of harm without mechanical ventilation

Ventilators

What Medicare Requires to Qualify

Diagnoses: Chronic Respiratory Failure consequent to COPD or Neuromuscular diagnoses or Restrictive Thoracic diagnoses.

BiLevel/RAD must be ruled out.
Examples (only one is needed):
+ BiLevel/RAD has been tried and failed
+ BiLevel/RAD cannot meet current volume needs
+ Patient requires frequent durations of ventilatory support. Intermittent usage is insufficient.

Risk of harm to the patient.
Examples (only one is needed):
+ Patient's condition quickly deteriorates without mechanical ventilator.
+ Removal of the ventilator may cause serious harm to the patient, exacerbation of condition, and hospital readmission.

Preferred diagnostic testing (only one diagnostic is needed):

CRF consequent to COPD
ABG with $PaCO_2 > 45$ mmHg
$FEV_1 \leq 50\%$
$FVC \leq 50\%$

Neuromuscular or Restrictive Thoracic Disorders
ABG with $PaCO_2 \geq 45$ mmHg
$FVC \leq 50\%$
$MIP \leq 60$ cmH_2O

Severe Restrictive Thoracic Disorders as a consequence of Obesity Hypoventilation Syndrome (OHS) or morbid obesity
FVC less than 50% and FEV1/FVC ration greater than 70%

Airway Clearance Devices

1) Standard Written Order - see page 22 for SWO requirements

2) Medicare Requirements

Cystic Fibrosis and Neuromuscular Conditions

+ Physician order that includes: Prescription for the device, documentation (chart notes) describing failure of standard treatments (flutter valve, Acapella, CPT, postural drainage, breathing techniques) to adequately mobilize retained secretions. History of this treatment should be well-documented including start date of treatment, end date, patient adherence, and response to the treatment.

Bronchiectasis

+ CT Scan Summary confirming diagnosis of bronchiectasis and signed by the interpreting radiologist
+ History of daily productive cough for at least 6 months or history of frequent exacerbations related to bronchiectasis requiring antibiotic therapy (minimum of 3 in the last year)
+ Physician order that includes: Prescription for the device, documentation (chart notes) describing failure of standard treatments (flutter valve, Acapella, CPT, postural drainage, breathing techniques) to adequately mobilize retained secretions. History of this treatment should be well-documented including start date of treatment, end date, patient adherence, and response to the treatment.

3) The entirety of the medical record must support the need for the device.

Hospital Beds

Documentation Requirements

1) Face to face chart notes with documentation of medical necessity and Standard Written Order - see page 22 for SWO requirements

2) Medical records documenting that one of the following criteria is met:

   a) The patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed

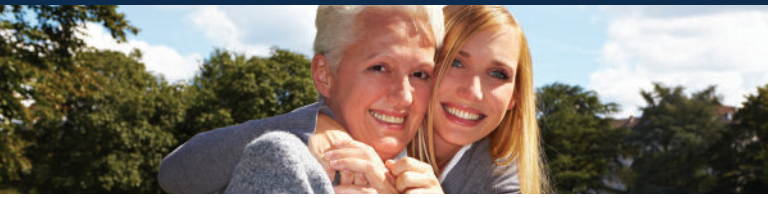
   b) The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain

   c) The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration

   d) The patient requires traction equipment, which can only be attached to a hospital bed

   e) When a semi-electric bed is ordered, coverage requires the documentation of one of the above (a-d) plus the need for frequent changes in body position, or the need for an immediate change in body position

Manual Wheelchairs



Documentation Requirements

1) Face to face chart notes with documentation of medical necessity and Standard Written Order - see page 22 for SWO requirements

2) Home assessment that verifies patient's home can accommodate a manual wheelchair with adequate access between rooms, maneuvering space, and surfaces

3) Medical records documenting that all of the following criteria are met:

+ Patient's mobility limitation impairs ability to participate in one or more activities such as toileting, feeding, dressing, grooming, and bathing
+ Mobility limitation cannot be resolved by use of cane or walker
+ Patient is able to safely use a manual wheelchair
+ Patient's functional mobility deficit can be resolved by the use of a manual wheelchair
+ Patient can maneuver the chair independently or there is a caregiver to assist the patient with maneuvering
+ Patient has the strength to maneuver the wheelchair, or patient has a caregiver that can propel the chair

Walkers

Documentation Requirements

1) Face to face chart notes with documentation of medical necessity and Standard Written Order - see page 22 for SWO requirements

2) Medical records documenting that all of the following criteria are met:

+ The patient has a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living in the home
+ The patient is able to safely use the walker
+ The functional mobility deficit can be sufficiently resolved by use of a walker

Canes and Crutches

Documentation Requirements

1) Face to face chart notes with documentation of medical necessity and Standard Written Order - see page 22 for SWO requirements

2) Medical records documenting that all of the following criteria are met:

+ The patient has a mobility limitation that impairs their ability to participate in one or more mobility-related activities
+ The patient is able to safely use the cane or crutch
+ The functional mobility deficit can be sufficiently resolved by use of a cane or crutch

Bedside Commodes

Documentation Requirements

1) Face to face chart notes with documentation of medical necessity and Standard Written Order - see page 22 for SWO requirements

2) A commode is covered when the patient is physically incapable of utilizing regular toilet facilities and one of the following criteria is met:

+ The patient is confined to a single room
+ The patient is confined to one level of the home environment and there is no toilet on that level
+ The patient is confined to the home and there are no toilet facilities in the home

Continuous Glucose Monitors

Please provide the following documentation when ordering Continuous Glucose Monitors (CGM):

1) Patient demographic information

2) Chart notes stating why the patient is being prescribed CGM

Medicare Coverage Requirements include:

+ Patient has a diagnosis of diabetes mellitus
+ Patient is administering insulin 3 or more times per day or is using an insulin pump
+ Patient's insulin treatment regimen requires frequent adjustments based on BGM or CGM results
+ Within 6 months prior to ordering the CGM, the practitioner has an in-patient visit with the patient to evaluate their diabetes control and determine the above three criteria are met
+ Following the initial order of CGM, the patient has an in-person visit with the practitioner every 6 months to assess adherence to their CGM regimen and diabetes treatment plan

Continuous Glucose Monitors

3) Standard Written Order (SWO) Requirements:

+ Patient name
+ Order date
+ Specific manufacturer, parameters, concurrent supplies being ordered, and quantity to be dispensed
+ Patient's diabetes diagnosis codes
+ Treating practitioner name and National Provider Identifier (NPI)
+ Treating practitioner's signature
+ SWO date must be on or prior to delivery date and needs to be on file prior to billing

Standard Written Order

Required Elements

1) Beneficiary Name or Medicare Beneficiary Identifier (MBI)
2) Order Date
3) General description of the item
   + 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 equipment: In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories, or additional features that are separately billed or require an upgraded code (list each separately).
   + For supplies: In addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (list each separately).
4) Quantity needed if supplying more than one per month
5) Treating practitioner name or National Provider Identifier (NPI)
6) Treating practitioner's signature
7) SWO date must be on or prior to delivery date and needs to be on file prior to billing.

Digital Ordering

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This reference guide is designed to walk you through the ordering requirements for home medical equipment. Allow AdaptHealth to make the process even easier by ordering digitally.

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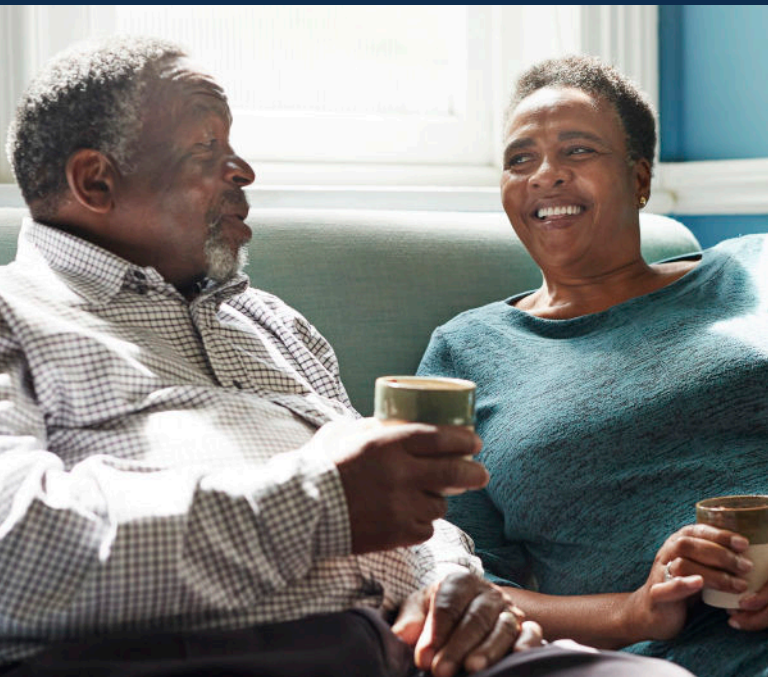
Notes



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