Medicare Compliance Criteria

Accellence Home Medical

Documentation and coverage criteria for oxygen, durable medical equipment, power mobility, and respiratory therapy supplies.

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Written Orders and Power Mobility Referrals

Detailed written orders

For an item to be covered by Medicare, the supplier must receive a detailed written order before submitting a claim. If the supplier bills for an item addressed in this policy before receiving the completed order, the item will be denied as not reasonable and necessary.

A detailed written order must include all of the following

1. Beneficiary's name.
2. A detailed description of the item or items to be dispensed.
3. The treating physician's signature.
4. The date the treating physician signed the order.
5. Diagnosis (DX).
6. Length of need; 99 = lifetime.
7. Start date.
8. The treating physician's National Provider Identifier (NPI).

Power mobility referrals

Accellence makes power chairs easy.

- Obtain a prescription for the power mobility device (PMD).
- Obtain a prescription for a physical therapy (PT) evaluation for the PMD.
- Provide face-to-face documentation.
- Send the referral to Accellence by fax at 775-352-9333.
- Sign all documentation when the PT evaluation is completed.

Example chart note

"The patient is here for a face-to-face evaluation to discuss mobility needs."

Power chair examples: Jazzy, Go Chair, and J6.

Mobility Equipment

Canes and crutches

The medical record must document all of the following criteria:

- The patient has a mobility limitation that significantly impairs the ability to participate in one or more mobility-related activities of daily living (MRADLs) in the home.
- The patient can safely use the cane or crutch.
- Use of a cane or crutch can sufficiently resolve the functional mobility limitation.

Definition of a mobility limitation

A mobility limitation is one that meets any of the following conditions:

- Prevents the patient from accomplishing an MRADL entirely.
- Places the patient at a reasonably determined heightened risk of morbidity or mortality when attempting an MRADL.
- Prevents the patient from completing an MRADL within a reasonable time frame.

Walkers

Documentation must establish all of the following:

- The patient has a mobility limitation, as defined above, that significantly impairs participation in one or more MRADLs in the home.
- A cane or crutches cannot sufficiently resolve the mobility limitation.
- The patient can safely use the walker.
- Use of a walker can sufficiently resolve the functional mobility deficit.

Heavy-duty option: The patient must meet the coverage criteria for a walker and weigh more than 300 pounds.

Manual wheelchairs

Documentation must establish all of the following:

- The patient has a mobility limitation that significantly impairs participation in one or more MRADLs, such as toileting, feeding, dressing, grooming, and bathing, in customary locations in the home.
- An appropriately fitted cane or walker cannot sufficiently resolve the patient's mobility limitation in the home.
- The patient can safely use a wheelchair.
- Use of a wheelchair can resolve the patient's mobility limitation.

Lightweight manual wheelchairs

The patient must meet all manual wheelchair requirements and both of the following:

- The patient cannot self-propel a standard wheelchair in the home.
- The patient can and does self-propel a lightweight wheelchair.

State the estimated length of need in months; 99 = lifetime.

Beds and Transfer Equipment

Hospital beds

The patient must have a medical condition that requires body positioning that is not feasible with an ordinary bed. Elevation of the head or upper body by less than 30 degrees does not usually require a hospital bed.

The positioning requirements described in the booklet are:

- The patient requires body positioning that is not feasible with an ordinary bed to alleviate pain; or
- The patient requires the head of the bed to be elevated more than 30 degrees most of the time because of congestive heart failure, chronic pulmonary disease, or aspiration problems. Pillows or wedges must have been considered and ruled out; or
- The patient requires traction equipment that can only be attached to a hospital bed, such as a trapeze.

A semi-electric hospital bed is covered if the patient meets one of the criteria for a fixed-height bed and requires frequent changes in body position and/or has an immediate need for a change in body position.

State the estimated length of need in months.

Bedside commodes

A commode is covered when the patient is physically incapable of using regular toilet facilities. This occurs in any of the following situations:

- The patient is confined to a single room; or
- The patient is confined to one level of the home, and there is a toilet on that level; or
- The patient is confined to the home, and there are no toilet facilities in the home.

Heavy-duty option: Document that the patient weighs 300 pounds or more.

Detachable-arm option: Document that removable arms are necessary to facilitate transfers, or that the patient's body configuration requires extra width.

Patient lifts

A patient lift is covered when clinical documentation shows that transfers between a bed and a chair, wheelchair, or commode are required and that, without a lift, the patient would be confined to bed.

State the estimated length of need in months; 99 = lifetime.

Pressure Support and Respiratory Equipment

Mattress overlays

An alternating pressure pump and pad (APP), mattress overlay, or mattress is covered if any one of the following criteria is met:

1. The patient is completely immobile and cannot make changes in body position significant enough to alleviate pressure.
2. The patient has limited mobility and cannot independently make changes in body position significant enough to alleviate pressure, and has at least one of conditions A through D below.
3. The patient has a pressure ulcer of any stage on the trunk or pelvis and has at least one of conditions A through D below.

For criteria 2 and 3, the medical record must document the severity of the applicable conditions sufficiently to demonstrate the medical necessity of a pressure-reducing support surface:

A. Impaired nutritional status.

B. Fecal or urinary incontinence.

C. Altered sensory perception.

D. Compromised circulatory status.

State the estimated length of need in months; 99 = lifetime.

Nebulizers

Each order must include the beneficiary's name, the item to be dispensed (for example, a small-volume nebulizer [SVN]), and the ICD-9 code for the condition requiring nebulizer therapy. The code range listed in the booklet is 480.0-508.9.

Accepted diagnoses listed: COPD, 496; pneumonia, 480.9; asthma, 493.90.

State the number of circuits per month. The booklet lists a Medicare allowance of two circuits per month.

State the estimated length of need in months; 99 = lifetime.

Respiratory suction machines

A respiratory suction pump is covered for patients who have difficulty raising and clearing secretions because of any of the following:

- Cancer or surgery of the throat or mouth.
- Dysfunction of the swallowing muscles.
- Unconsciousness or an obtunded state.
- A tracheostomy.

Use of a respiratory suction pump for other conditions will be denied as not reasonable and necessary.

State the estimated length of need in months; 99 = lifetime.

Oxygen

Prescription and qualifying saturation

The prescription must specify the liter flow, frequency of use (for example, continuous or nocturnal), and delivery method (for example, nasal cannula or mask). The qualifying oxygen saturation listed is 88% or lower.

Outpatient testing in a chronic state

- Testing must be completed within 30 days before setup.
- Documentation must indicate that the patient was not sick or experiencing an acute illness at the time of testing.

Testing in a hospital

- Testing must be completed within two days before discharge.
- Document the discharge date, for example, in a discharge summary.
- Ensure that the physician has signed the history and physical (H&P).

Testing during sleep

- Testing must be completed within 30 days before setup.
- Documentation must indicate that the patient was not sick or experiencing an acute illness at the time of testing.
- Oxygen saturation must be 88% or lower for a total of five minutes.
- Alternative treatments must have been tried or considered and deemed clinically ineffective.

Testing during exercise

Testing must be completed within 30 days before setup. Document all three oxygen test results from the same testing session:

1. On room air at rest.
2. On room air during ambulation.
3. On oxygen during ambulation.

Additional documentation

- Provide a physician evaluation or chart notes completed within 30 days before setup. Oxygen saturation must be documented in the chart or progress notes; saturation recorded only on a prescription is not valid.
- Document a diagnosis of severe lung disease or a symptom related to hypoxia that is expected to improve with oxygen, such as COPD.
- For a diagnosis of COPD, document that inhalers and other respiratory medications have been tried.

State the estimated length of need in months; 99 = lifetime.

CPAP Equipment and Respiratory Supplies

CPAP equipment

- Document a face-to-face clinical evaluation by the treating physician before the sleep test to assess the patient for obstructive sleep apnea (OSA).

The patient must have a sleep test that meets either of the following criteria:

1. An apnea-hypopnea index (AHI) or respiratory disturbance index (RDI) of at least 15 events per hour, with a minimum of 30 events; or
2. An AHI or RDI of 5-14 events per hour, with a minimum of 10 events, and documentation of excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia.

Bilevel devices for obstructive sleep apnea

A bi-level device is covered for patients with OSA who meet the CPAP criteria above and for whom CPAP has been tried and proven ineffective in a therapeutic trial conducted in a facility or at home.

State the estimated length of need in months; 99 = lifetime.

CPAP and bilevel supplies

Detailed written orders for CPAP and bi-level supplies must include the applicable supply details and quantities.

Supply	Maximum quantity listed
Mask	1 every 90 days
Nasal pillows or cushions	2 per month
Headgear	1 every 6 months
Tubing	1 every 90 days
Humidifier chamber	1 every 6 months
Disposable filters	6 per 90 days
Non-disposable filters	1 every 6 months

These quantities are suggestions and represent the maximum amounts that Medicare will pay for, as stated in the booklet.

Bilevel Devices for Restrictive Thoracic Disorders and COPD

Bi-level devices are described for the clinical disorder groups below. A bi-level device with a respiratory rate is also addressed where indicated.

I. Restrictive thoracic disorders

A bi-level device or a bi-level device with a respiratory rate is covered when all of criteria A through C are met.

A. The medical record documents a neuromuscular disease, such as amyotrophic lateral sclerosis, or a severe thoracic cage abnormality, such as changes after thoracoplasty for tuberculosis.

B. At least one of the following is present:

- An arterial blood gas $PaCO_2$ of at least 45 mm Hg, measured while the patient is awake and breathing the prescribed fraction of inspired oxygen (FiO_2); or
- Sleep oximetry showing oxygen saturation of 88% or lower for at least five minutes of nocturnal recording time, with a minimum recording time of two hours, while breathing the prescribed recommended FiO_2; or
- For a neuromuscular disease only, maximal inspiratory pressure below 60 cm H_2O or forced vital capacity below 50% of predicted.

C. Chronic obstructive pulmonary disease does not contribute significantly to the patient's pulmonary limitation.

II. Severe COPD

A bi-level device is covered if criteria A through C are met and an arterial blood gas $PaCO_2$, measured while the patient is awake and breathing the prescribed FiO_2, is at least 52 mm Hg.

A. Sleep oximetry demonstrates oxygen saturation of 88% or lower for at least five minutes of nocturnal recording time, with a minimum recording time of two hours, while breathing oxygen at 2 liters per minute or the prescribed FiO_2, whichever is higher.

B. Before therapy is initiated, OSA and treatment with a continuous positive airway pressure (CPAP) device have been considered and ruled out.

State the estimated length of need in months; 99 = lifetime.

Bilevel Devices for Sleep Apnea and Hypoventilation

III. Central or complex sleep apnea

A bi-level device or a bi-level device with a respiratory rate is covered when a complete, facility-based, attended polysomnogram (PSG), performed before therapy is initiated, documents both of the following:

A. A diagnosis of central sleep apnea (CSA) or complex sleep apnea (CompSA).

B. Significant improvement in sleep-associated hypoventilation with the bi-level device or bi-level device with a respiratory rate, using the settings that will be prescribed for initial use at home while the patient breathes the prescribed FiO_2.

State the estimated length of need in months; 99 = lifetime.

IV. Hypoventilation syndrome

A bi-level device is covered if criteria A and B, and either criterion C or D, are met.

A. An initial arterial blood gas $PaCO_2$, measured while the patient is awake and breathing the prescribed FiO_2, is at least 45 mm Hg.

B. Spirometry shows an FEV_1/FVC of at least 70% and an FEV_1 of at least 50% of predicted. Refer to the Severe COPD section for information about device coverage for patients with an FEV_1/FVC below 70% and an FEV_1 below 50% of predicted.

C. An arterial blood gas $PaCO_2$, measured during sleep or immediately upon awakening while the patient is breathing the prescribed FiO_2, shows an increase of at least 7 mm Hg compared with the initial result in criterion A; or

D. A facility-based PSG demonstrates oxygen saturation of 88% or lower for at least five minutes of nocturnal recording time, with a minimum recording time of two hours, that is not caused by obstructive upper airway events; that is, the AHI is below 5.

Refer to the Positive Airway Pressure Devices Local Coverage Determination (LCD) for information about E0470 coverage for obstructive sleep apnea.