
Program Memorandum Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal B-02-035

Date: MAY 17, 2002

CHANGE REQUEST 2165

SUBJECT: Elimination of Certificate of Medical Necessity (CMN) Requirement for Continuous Positive Airway Pressure (CPAP) Device - Clarification

Scope

This is a clarification to Program Memorandum (PM) B-02-022, Change Request 2076.

Background

A recent National Coverage Decision in the Coverage Issues Manual §60-17 now allows use of an apnea-hypopnea index (AHI) for the diagnosis of obstructive sleep apnea. This revised National Policy is effective for dates of service on or after April 1, 2002. The revised DMERC policy provides instructions for continued coverage of the device beyond the first 3 months and provides coverage for heated humidifiers used with a CPAP device. The additional provisions of the DMERC policy are effective for dates of service on or after July 1, 2002. A major change in the revised policy is the elimination of the CPAP CMN. The CPAP CMN is not required for initial claims with dates of service on or after April 1, 2002. Instead of a CMN, the supplier must use a KX modifier to indicate that the coverage and payment rules have been met. However, since the KX modifier is not valid until July 1, 2002, the effective date of the DMERC policy is July 1, 2002.

Implementation

The code E0601 (CPAP device) needs to be removed from CWF category 59 (CMN required).

The *effective date* for this PM is April 1, 2002.

The *implementation date* for this PM is July 1, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after July 1, 2003.

If you have any questions, contact Angie Costello at (410) 786-1554 or acostello@cms.gov.