



Dear Physician/PAP Provider:

Your patient contacted us to transfer his/her service to Apria Healthcare. In order to do so, we need the following information from you, the current provider, or ordering physician. To assist you with this transition, we have provided a list of documents based upon the patient's equipment needs, required to enable the patient listed below to transition to Apria Healthcare. These documents are required by Medicare to support medical necessity.

Patient's Name: _____ **Phone:** _____
Last Name First Name

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Previous Sleep Provider: _____ **Ordering Physician:** _____

Medicare ID#: _____

Medicare purchased the patient's PAP or bi-level device and ONLY supplies are required now

Physician's Order

- New order or physician order from previous provider – Detailed written order that contains:
- The beneficiary's name
 - A detailed description of the item(s) ordered including quantity used, the frequency of change, and duration of need.
 - Date of the order
 - Physician's signature and signature date
 - Prescribing physician's name and National Provider Identifier (NPI) (Signing physician must be enrolled in PECOS and have a valid NPI number)

PAP Device rented or purchased by insurance OTHER than Medicare and patient requires supplies or needs to rent a device

Physician's Order

- New order or physician order from previous provider — written order from the physician that must include the following elements:
- The beneficiary's name
 - A detailed description of the item(s) ordered including quantity used, the frequency of change, and duration of need.
 - Date of the order
 - Physician signature and signature date
 - Prescribing physician's name and National Provider Identifier (NPI) (Signing physician must be enrolled in PECOS and have a valid NPI number)
 - For a new device, the order MUST be secured PRIOR to delivery.

Face-to-Face Patient Evaluation:

- Face-to-Face evaluation must be conducted after the patient's Medicare Fee for Service (FFS) effective date documenting OSA and the ongoing CPAP/Bi-Level usage by the patient. The evaluation must be conducted prior to the patient receiving supplies and within 6 months prior to a Written Order Prior to Delivery for a PAP device.

Qualifying Test Results

- Sleep study that is legibly signed and dated by the interpreting physician or other qualified healthcare professional and conducted prior to the patient's Medicare FFS effective date.

- Physician who interprets the sleep study must be credentialed in sleep medicine.

Medicare patient currently renting a PAP device who wishes to transition to Apria Healthcare for a PAP device or supplies

Physician's Order

- New order or physician order from previous provider — written order from the physician that must include the following elements:
- The beneficiary's name
 - A detailed description of the item(s) ordered including quantity used, the frequency of change, and duration of need.
 - Date of the order
 - Physician signature and signature date
 - Prescribing physician's name and National Provider Identifier (NPI) (Signing physician must be enrolled in PECOS and have a valid NPI number)
 - For a new device, the order MUST be secured PRIOR to delivery.

Face-to-Face Patient Evaluation:

- Prior to the sleep study that documents signs/symptoms of obstructive sleep apnea and the need for a sleep study. The evaluation must have been conducted prior to the sleep study and must be signed and dated.
- If patient has rented more than three months:** Re-evaluation — Face-to-face re-evaluation completed by the physician between 31– 91 days from the initial setup by the previous provider, documenting the patient usage and benefit from CPAP/Bi-Level.

Qualifying Test Results

- Sleep study that is legibly signed and dated by the interpreting physician or other qualified healthcare professional.
- Physician who interprets the sleep study must be credentialed in sleep medicine.
- Copy of any CPAP/Bi-Level download or other hours of use log showing a 30-day span of usage, 4 hours or more per night for 70% of the time within the first 90 days after the date of initiation of PAP.

Please fax the above information to Apria Healthcare at **(888) 492-0010**. If you have any questions, please call **(877) 265-2426**. If you are not able to provide the required paperwork that is outlined in this document, it may be necessary to obtain new documentation. You may also want to contact another contract supplier in the area. Contract suppliers can be found by going to www.medicare.gov/supplier and entering the patient's zip code. You can call any of the other 10 – 20 companies serving the area who are also qualified, contracted providers of CPAP/Bi-Level supplies for Medicare to see if they can meet the patient's needs. We hope to serve you in the future and that you understand we are only trying to comply with Medicare's complex requirements that have been put in place in the past few years.

Thank you in advance,

Apria Healthcare