

## Part B Insider (Multispecialty) Coding Alert

### PHYSICIAN NOTES: CMS Opens the Door to CPAP Payment

If you were worried about narrow diagnosis issues surrounding continuous positive airway pressure (CPAP) billing, worry no more.

Medicare has expanded its CPAP policy to now allow coverage for beneficiaries with obstructive sleep apnea (OSA) who have been diagnosed using a home sleep test.

In its March 13 coverage announcement, CMS noted that some OSA patients fail to improve while on treatment, so CMS will therefore limit initial CPAP coverage for OSA to 12 weeks. Those patients who respond well to the therapy will be eligible for further coverage.

-Our revised policy provides more options for Medicare beneficiaries and their treating physicians,- said **CMS Acting Administrator Kerry Weems** in a statement announcing the expanded coverage. -At the same time, we remain vigilant to ensure that Medicare payments for these services do not create incentives for inappropriate use.-

You can read more about the coverage decision at on the CMS Web site at [www.cms.hhs.gov/apps/media/press\\_releases.asp](http://www.cms.hhs.gov/apps/media/press_releases.asp).

#### [In other news -](#)

**CMS wants you to know exactly why your service was denied.** CMS issued Transmittal 1475 last week, which offered the latest remittance advice remark codes (RARCs) and claim adjustment reason codes (CARCs). The codes went into effect in November, and the new transmittal fills you in on why your payer denied your claims or paid them only partially.

The following new remittance codes correspond to the reasons outlined below:

- N430: Procedure code is inconsistent with the units billed
- N431: Service is not covered with this procedure
- N432: Adjustment based on a Recovery Audit.

In addition, CMS has revised several other codes (such as N70, which now reads, -consolidated billing and payment applies,- and reason code 208, which now reads, -National Provider Identifier--not matched.- You'll also notice that you won't receive any claims denied with reason code MA119 (Provider level adjustment for late claim filing applies to this claim) as of May 1. CMS has deleted that reason code from the database.

To read the full CMS transmittal, visit [www.cms.hhs.gov/Transmittals/downloads/R1475CP.pdf](http://www.cms.hhs.gov/Transmittals/downloads/R1475CP.pdf).