HCPCS	DESCRIPTION
A4604 Tubing with Integrated Heat	1 per 3 months
A7027 Mask	1 per 3 months
A7028 Cushions	2 per 1 month
A7029 Nasal Pillows	2 per 1 month
A7030 Mask	1 per 3 months
A7031 Mask	1 per 1 month
A7032 Cushions	2 per 1 month
A7033 Nasal Pillows	2 per 1 month
A7034 Mask	1 per 3 months
A7035 Headgear	1 per 6 months
A7036 Chinstrap	1 per 6 months
A7037 Tubing	1 per 3 months
A7038 Disposable Filters	2 per 1 month
A7039 Non-disposable Filters	1 per 6 months
A7046 Water Chamber for Humidifier	1 per 6 months

REPLACEMENT:

This section applies to PAP devices initially provided and covered while the beneficiary was in Medicare fee-for-service (FFS).

If a PAP device is replaced during the 5 year reasonable useful lifetime (RUL) because of loss, theft, or irreparable damage due to a specific incident, there is no requirement for a new clinical evaluation, sleep test, or trial period.

If a PAP device is replaced following the 5 year RUL, there must be a face-to-face evaluation by their treating physician that documents that the beneficiary continues to use and benefit from the PAP device. There is no requirement for a new sleep test or trial period.

BENEFICIARIES ENTERING MEDICARE:

For beneficiaries who received a PAP device prior to enrollment in fee for service (FFS) Medicare and are seeking Medicare coverage of either rental of the device, a replacement PAP device and/or accessories, both of the following coverage requirements must be met:

1. Sleep test – There must be documentation that the beneficiary had a sleep test, prior to FFS Medicare enrollment, that meets the Medicare AHI/RDI coverage criteria in

effect at the time that the beneficiary seeks Medicare coverage of a replacement PAP device and/or accessories; and,

2. Clinical Evaluation – Following enrollment in FFS Medicare, the beneficiary must have a face-to-face evaluation by their treating physician who documents in the beneficiary's medical record that:
    a. The beneficiary has a diagnosis of obstructive sleep apnea; and,
    b. The beneficiary continues to use the PAP device.

If either criteria 1 or 2 above are not met, the claim will be denied as not reasonable and necessary.

In these situations, there is no requirement for a clinical re-evaluation or for objective documentation of adherence to use of the device.