



Reimbursement Fast Facts

This tool will assist you in understanding Medicare coding and coverage for accessories

Accessories for a positive airway pressure (PAP) device include items such as masks, cushions, tubing and filters. These items can be replaced regularly according to Medicare replacement schedule guidelines.

HCPCS	Description	2012 Medicare Ceiling/Floor*	Replacement Schedule ¹
A4604	Tubing with integrated heating	\$61.85 – 52.57	1 per 3 months
A7027	Combination oral/nasal mask	\$200.35 – 170.30	1 per 3 months
A7028	Oral cushion for combination oral/nasal mask - replacement	\$53.22 – 45.24	2 per month
A7029	Nasal pillows for combination oral/nasal mask - replacement	\$21.74 – 18.48	2 per month
A7030	Full face mask	\$174.64 – 148.44	1 per 3 months
A7031	Face mask interface - replacement	\$64.59 – 54.90	1 per month
A7032	Cushion for use on nasal mask interface - replacement	\$37.52 – 31.89	2 per month
A7033	Pillows for use on nasal cannula type interface - replacement	\$26.30 – 22.36	2 pairs per month
A7034	Mask interface - mask or cannula	\$108.90 – 92.57	1 per 3 months
A7035	Headgear	\$36.79 – 31.27	1 per 6 months
A7037	Tubing	\$37.97 – 32.27	1 per 3 months
A7038	Filter, disposable	\$5.00 – 4.25	2 per month
A7046	Humidifier chamber - replacement	\$18.06 – 15.35	1 per 6 months

Authorization Requirements

A prescription is required for a continuous positive airway pressure (CPAP) or respiratory assist device (RAD) to authorize the coverage of related accessories. As stated by Medicare, "accessories used with a device are covered when the coverage criteria for the device are met."² Masks are also classified by the FDA as Class II devices, which require a prescription or physician's order.

To authorize ongoing billing for supplies, providers should obtain and keep on file the original prescription for the patient's device. In order to deliver supplies, a beneficiary or their caregiver must specifically request refills of supplies before a supplier dispenses them.³ The supplier should obtain patient authorization before delivering DMEPOS to Medicare beneficiaries.

Re-Supply Recommended Steps

In order for a Medicare beneficiary to receive replacement accessories, the patient should: 1) be contacted by the DME

supplier; 2) acknowledge that the supplies are needed; and 3) approve the quantity. The information should always be documented in the patient's medical file.

Shipping a 3-Month Supply

According to a letter dated July 2004 from the four DMERCs, as a general rule the DMERC will allow suppliers to dispense extra items that have a short replacement frequency cycle (eg, less than three months), consistent with the frequency parameters outlined in the CPAP LCD. Verify with the local contractor before billing in this fashion.








Tips on Shipping a 3-Month Supply

Bill each individual accessory code and quantity on one line and add a narrative stating, "three months supply."⁴ The delivery date should be the date of service. The claim should not be date spanned; the to and from date should be the date the item was supplied.⁵

PRODUCT

INITIAL SETUP⁶





ONGOING REPLACEMENT SUPPLIES⁷

		<table border="1"> <tr> <th>Frame with cushion/pillow</th> <th>Headgear</th> <th>Replacement cushion/pillow</th> </tr> </table>			Frame with cushion/pillow	Headgear	Replacement cushion/pillow
Frame with cushion/pillow	Headgear	Replacement cushion/pillow					
 <p>Swift™ FX HCPCS code Prod no(s)</p>	<p>A7034 + A7035 61500 Small, Medium, Large</p> <p>Swift FX for Her 61540 Extra Small, Small, Medium</p> <p>Swift FX Bella 61560 Extra Small, Small, Medium</p>	<p>A7034 61510 Extra Small 61511 Small 61512 Medium 61513 Large</p>	<p>A7035 61529</p> <p>Swift FX for Her 61543</p>	<p>A7033 61520 Extra Small 61521 Small 61522 Medium 61523 Large</p>			
 <p>Swift™ LT HCPCS code Prod no(s)</p>	<p>A7034 + A7035 60560 Small, Medium, Large</p> <p>Swift LT for Her 60588 Extra Small, Small, Medium</p>	<p>A7034 60585 Extra Small 60582 Small 60583 Medium 60584 Large</p>	<p>A7035 60578</p> <p>Swift LT for Her 60595</p>	<p>A7033 60574 Extra Small 60571 Small 60572 Medium 60573 Large</p>			
 <p>Mirage Swift™ II HCPCS code Prod no(s)</p>	<p>A7034 + A7035 60512 Small, Medium, Large</p>	<p>A7034 60537 Small 60538 Medium 60539 Large</p>	<p>A7035 60526</p>	<p>A7033 60541 Small 60542 Medium 60543 Large</p>			
 <p>Mirage™ FX HCPCS code Prod no(s)</p>	<p>A7034 + A7035 62103 Mirage FX 62118 Mirage FX Wide 62128 Mirage FX for Her</p>	<p>A7034 62112 Mirage FX & Mirage FX for Her 62126 Mirage FX Wide</p>	<p>A7035 62110 Mirage FX & Mirage FX Wide 62129 Mirage FX for Her</p>	<p>A7032 62111 Mirage FX & Mirage FX for Her 62125 Mirage FX Wide</p>			
 <p>Mirage™ SoftGel HCPCS code Prod no(s)</p>	<p>A7034 + A7035 61600 Small 61601 Medium 61602 Large 61603 Large Wide</p>	<p>A7034 61626 Small 61627 Medium 61628 Large 61629 Large Wide</p>	<p>A7035 16118 Small 16117 Standard 16119 Large</p>	<p>A7032 61631 Small 61632 Medium 61633 Large 61634 Large Wide</p>			
 <p>Mirage Activa™ LT HCPCS code Prod no(s)</p>	<p>A7034 + A7035 60182 Small 60148 Medium 60149 Large 60150 Large Wide</p>	<p>A7034 60195 Small 60172 Medium 60173 Large 60174 Large Wide</p>	<p>A7035 16118 Small 16117 Standard 16119 Large</p>	<p>A7032 60198 Small 60177 Medium 60178 Large 60179 Large Wide</p>			
 <p>ConvertAble HCPCS code Prod no(s)</p>	<p>A7034 + A7035 + A7032 61604 Small 61609 Medium 61615 Large 61620 Large Wide (includes additional replacement cushion of same size)</p>						

PRODUCT

INITIAL SETUP⁶

ONGOING REPLACEMENT SUPPLIES⁷

			Frame with cushion/pillow	Headgear	Replacement cushion/pillow
Quattro™ FX  HCPCS code Prod no(s)	A7030 + A7035 61700 Small 61701 Medium 61702 Large Quattro FX for Her 62501 Small 62502 Medium	A7030 61724 Small 61725 Medium 61726 Large Quattro FX for Her 62513 Small 62514 Medium	A7035 61734 Small 61733 Medium 61738 Large Quattro FX for Her 62506 Small 62507 Standard	A7031 61721 Small 61722 Medium 61723 Large	
Mirage Quattro™  HCPCS code Prod no(s)	A7030 + A7035 61200 Extra Small 61201 Small 61202 Medium 61203 Large	A7030 61260 Extra Small 61261 Small 61262 Medium 61263 Large	A7035 16118 Small 16117 Standard 16119 Large	A7031 61290 Extra Small 61291 Small 61292 Medium 61293 Large	
Ultra Mirage™ Full Face  HCPCS code Prod no(s)	A7030 + A7035 60600 Small Standard 60601 Small Shallow 60602 Medium Standard 60603 Medium Shallow 60604 Large Standard 60605 Large Shallow	A7030 60620 Small Standard 60621 Small Shallow 60622 Medium Standard 60623 Medium Shallow 60624 Large Standard 60625 Large Shallow	A7035 16118 Small 60674 Standard 16119 Large	A7031 16604 Small Standard 16671 Small Shallow 16605 Medium Standard 16672 Medium Shallow 16606 Large Standard 16673 Large Shallow	
Mirage Liberty™  HCPCS code Prod no(s)	A7027 + A7035 61300 Small 61301 Large	A7027 61318 Sml cush/Sml pillows 61319 Sml cush/Mdm pillows 61320 Sml cush/Lrg pillows 61321 Lrg cush/Sml pillows 61322 Lrg cush/Mdm pillows 61323 Lrg cush/Lrg pillows	A7035 61348 Small 61349 Standard	A7028 A7029 61330 Small 61333 Small 61331 Large 61334 Medium 61335 Large	

Tubing HCPCS code Prod no(s)	A7037 14986 Tubing, 2 meter 14987 Tubing, cuffed, 2 meter 14922 Tubing 3 meter 14994 Tubing, 6 feet 14999 Tubing, 9 feet 36810 SlimLine™ tubing	A4604 36995 ClimateLine™ tubing 36997 ClimateLine ^{MAX} tubing	
Filters HCPCS code Prod no(s)	A7038 33915 (1 pack) 33916 (3 pack) 33917 (8 pack) 33918 (50 pack)	33919 Hypo (1 pack) 33920 Hypo (3 pack) 33921 Hypo (8 pack) 33922 Hypo (50 pack)	30919 (1 pack) 30907 (3 pack) 30908 (50 pack)
Accessories HCPCS code Prod no(s)	A7035 16120 Spare Headgear, Camouflage 16121 Spare Headgear, Light Blue 16122 Spare Headgear, Pink 16123 Spare Headgear, Leopard	A7032 (When used with a nasal mask) 61910 Gecko Nasal Pad, Large 61911 Gecko Nasal Pad, Small	



Q & A

Q: Can cushions/pillows be billed separately from the mask interface and headgear at the time of initial setup?

No. Upon initial issue, the headgear and/or mask interface are expected to be complete accessories, which include the cushions/pillows. Cushions and pillows would only be separately reimbursable when billed as a replacement for the original items dispensed at initial use.⁹

Q: Can a supplier bill for cushions, tubing, filters and other replacement parts at initial issue?

As a general rule, Medicare will allow suppliers to dispense extra items that have a short replacement frequency cycle (eg, less than three months), consistent with the frequency parameters outlined in the LCD. Conversely, an extra item with a replacement frequency of three months or more should not be dispensed at initial issue.⁹

Q: What does a Medicare prescription need to include to authorize delivery of a DME item?

Detailed written orders should specify every item of DME for separately billable options, accessories or supplies related to the base item that is ordered.⁹ If the written order is for supplies that will be provided on a periodic basis, the written order should include appropriate information on the quantity used, frequency of change and duration of need (eg, 1-99, 99= lifetime). The description can be either a narrative description (eg, nasal pillows mask) or a brand name/model number. For example, CPAP orders must clearly identify the specific items being ordered; forms may not include full face mask, nasal mask and nasal pillows with none or all being selected.

1 The Medicare schedule does not state how often Medicare recipients should replace accessories, but it does state how often they can be replaced if necessary.

2 Centers for Medicare & Medicaid Services, "PAP Devices for the Treatment of OSA (L171)," U.S. Department of Health and Human Services (revision effective date 10/1/2011).

3 Medicare Claims Processing Manual, Chapter 20, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) section 200.

4 Noridian, "Ask the Contractor, DME Small Suppliers, Question and Answer," February 21, 2007.

5 National Government Services, "DME MAC Jurisdiction B RAD Lunch and Learn," April 26, 2008.

6 ResMed mask products have received verification for appropriate HCPCS coding through the SADMERC and the PDAC. For additional details, please contact the ResMed Reimbursement Hotline at (800) 424-0737 (option 4).

7 ResMed replacement cushions have received verification for appropriate HCPCS coding through the SADMERC and the PDAC. For additional details, please contact the ResMed Reimbursement Hotline at (800) 424-0737 (option 4).

8 Hoover R, CIGNA HealthCare Medicare Administration. Letter to Steven Stranne. July 2004

9 "Detailed Written Orders" email notification, DME MAC Listserve, April 8, 2010.

10 Pub. 100-08 Medicare Program Integrity, Transmittal: 61, Change Request 2903, January 2, 2004.

* The rates listed are based on the Medicare 2012 DMEPOS National Fee Schedule. Competitive bidding rates may be applicable in certain CBAs. Please reference the single payment amounts for these areas.

Q: What is required for refills?

Suppliers must contact the patient prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized by the patient. This ensures the item remains reasonable and necessary, existing supplies are approaching exhaustion, and to confirm any changes/modifications to the order. Contact with the patient regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date. For delivery of refills, the supplier must deliver the product no sooner than 10 calendar days prior to the end of usage for the current product. Regardless of patient's expected utilization, a supplier must not dispense more than a one- or three-month quantity at a time.

In regards to documentation:

A routine refill prescription is not needed. A new prescription is needed when: there is a change of supplier; there is a change in treating physician; there is a change in the item(s), the frequency of use or the amount prescribed; there is a change in the length of need; or a previously established length of need expires.

For items that are delivered to the patient, documentation of a request for refill must be a written document received from the patient or a written record of a phone conversation/contact. The refill request must occur and be documented before shipment. A retrospective attestation statement by the supplier or beneficiary is not sufficient. The refill record must include: patient's name, a description of each item that is being requested, date of refill request and quantity of each item that the beneficiary still has remaining.

Q: What is required by Medicare for proof of delivery?

Suppliers may deliver directly to the beneficiary or the designee. An example of proof of delivery to a beneficiary is having a signed delivery slip. It is recommended that the delivery slip include: 1) the patient's name; 2) the quantity delivered; 3) a detailed description of the item being delivered; 4) the brand name; and 5) the serial number. The date of signature on the delivery slip must be the date the DMEPOS item was received by the beneficiary or designee.

Suppliers are required to maintain proof of delivery documentation in their files for seven years.¹⁰

The information provided with this notice is general reimbursement information only as of January 1, 2012. It is not legal advice, nor is it advice about how to code, complete or submit any particular claim for payment. Although we supply this information to the best of our current knowledge, it is always the provider's responsibility to determine and submit appropriate codes, charges, modifiers and bills for the services that were rendered. This information is provided as of the date listed above, and all coding and reimbursement information is subject to change without notice.