



# Reimbursement fast facts: Accessories

This guide will assist you in understanding Medicare coding and coverage for accessories used with positive airway pressure (PAP) and respiratory assist (RAD) devices. Verification is always the responsibility of the supplier.

**Accessories** for PAP and RAD devices include masks, cushions, tubing, filters and other items. These items can be replaced regularly, subject to authorization requirements, condition guidelines and the replacement schedule set forth below.

HCPCS	Description	Replacement schedule <sup>1</sup>
A4604	Tubing with integrated heating	1 per 3 months
A7027	Combination oral/nasal mask	1 per 3 months
A7028	Oral cushion for combination oral/nasal mask – replacement	2 per month
A7029	Nasal pillows for combination oral/nasal mask – replacement	2 per month
A7030	Full face mask	1 per 3 months
A7031	Full face mask cushion – replacement	1 per month
A7032	Nasal mask cushion – replacement	2 per month
A7033	Nasal mask pillows – replacement	2 pairs per month
A7034	Nasal interface – mask or cannula (pillow) type	1 per 3 months
A7035	Headgear	1 per 6 months
A7036	Chinstrap	1 per 6 months
A7037	Tubing	1 per 3 months
A7038	Filter, disposable	2 per month
A7046	Humidifier water chamber – replacement	1 per 6 months

## Authorization requirements

A prescription for a PAP or RAD is required 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.”<sup>2</sup> Masks are classified by the FDA as Class II devices, which require a prescription or physician’s order.

To authorize ongoing billing for supplies, providers must obtain and keep on file the original prescription for the patient’s device. Prior to delivering a new supply of items, suppliers are required to have contact with the patient or designee and not automatically ship on a pre-determined basis, even if authorized by the patient.<sup>3</sup>

## Medical necessity for patient-owned CPAP & RAD

In August 2016, the Centers for Medicare & Medicaid Services (CMS) stated that medical necessity is established for replacement accessories of patient-owned continuous positive airway pressure (CPAP) or RAD when Medicare initially paid for the base CPAP or RAD (13 months of continuous use). For patients who received a PAP device prior to joining Medicare, there must be documentation that the patient had a CMS-qualifying sleep test and face-to-face clinical evaluation with their treating practitioner.<sup>1</sup>

## Resupply recommended steps

For a Medicare patient to receive replacement accessories, the equipment supplier should: 1) contact the patient prior to dispensing supplies; and 2) have a refill record that includes a) patient’s name or authorized representative if different from the patient, b) a description

of each item that is being requested, c) date of resupply request and d) documentation that describes the functional condition of the item(s) being replaced in sufficient detail to demonstrate the cause of the dysfunction that necessitates the replacement.

## Billing a three-month supply

According to Medicare, a supplier must not dispense or bill for more than a three-month quantity of accessories at a time. When billing a three-month quantity, the supplier must:

1. Bill each individual accessory HCPCS code on a separate line of the claim form.
2. Add a narrative (e.g. “90 days” or “three months”) to item 19 on the CMS1500 paper claim form (or appropriate NTE segment loop of an electronic claim) indicating that a three-month supply is billed.<sup>†</sup>
3. Ensure that the “From” and “To” date-of-service fields are the date of delivery (may be shipping date when using a shipping service) and do not span the dates of service.
4. Report the number of units supplied for the three-month period for each HCPCS code. Ensure that the units don’t exceed the usual maximum allowance.
5. Add the KX modifier if all of the criteria in the “Coverage Indications, Limitations and/or Medical Necessity” section of the related Local Coverage Determination (LCD) have been met.

Verify all billing requirements and patient eligibility with the payer prior to billing.

<sup>\*</sup> Non-functional means that the item is no longer able to be used safely or effectively for the purpose for which it was intended<sup>4</sup>

<sup>†</sup> CGS Administrators, LLC. Billing Reminder on Narratives and Date Spanning Claim Dates. Retrieved online August 14, 2019, from <https://cgsmedicare.com/jc/pubs/news/2019/05/cope12611.html>.

PRODUCT	INITIAL SETUP <sup>5</sup>	ONGOING REPLACEMENT SUPPLIES <sup>5</sup>		
	Complete mask system	Frame* with cushion/pillow	Headgear	Replacement cushion/pillow
<b>AirFit™ F30i</b> 	<b>A7030 + A7035</b> <b>Small frame</b> 63330 Small <b>Standard frame</b> 63331 Small 63332 Medium 63333 Wide <b>Large frame</b> 63334 Medium	<b>A7030</b> <b>Small frame</b> 63355 Small 63356 Medium 63357 Small-Wide 63358 Wide <b>Standard frame</b> 63359 Small 63360 Medium 63361 Small-Wide 63362 Wide <b>Large frame</b> 63363 Small 63364 Medium 63365 Small-Wide 63366 Wide	<b>A7035</b> 63372 Standard	<b>A7031</b> 63350 Small 63351 Medium 63352 Small-Wide 63353 Wide
<b>AirTouch™ F20</b> 	<b>A7030 + A7035</b> <b>AirTouch F20</b> 63000 Small 63001 Medium 63002 Large <b>AirTouch F20 for Her</b> 63003 Small 63004 Medium	<b>A7030</b> 63021 Small 63022 Medium 63023 Large <b>AirTouch F20 for Her</b> 63024 Small 63025 Medium	<b>A7035</b> <b>AirTouch F20</b> 63470 Small 63471 Standard 63472 Large <b>AirTouch F20 for Her</b> 63473 Small	<b>A7031</b> 63028 Small 63029 Medium 63030 Large
<b>AirFit F20</b> 	<b>A7030 + A7035</b> <b>AirFit F20</b> 63400 Small 63401 Medium 63402 Large <b>AirFit F20 for Her</b> 63403 Small 63404 Medium	<b>A7030</b> 63460 Small 63461 Medium 63462 Large <b>AirFit F20 for Her</b> 63463 Small 63464 Medium	<b>A7035</b> <b>AirFit F20</b> 63470 Small 63471 Standard 63472 Large <b>AirFit F20 for Her</b> 63473 Small	<b>A7031</b> 63467 Small 63468 Medium 63469 Large
<b>AirFit F10</b> 	<b>A7030 + A7035</b> <b>AirFit F10</b> 63101 Small 63102 Medium 63103 Large <b>AirFit F10 for Her</b> 63139 Extra Small 63140 Small 63141 Medium	<b>A7030</b> 63160 Extra Small 63161 Small 63162 Medium 63163 Large	<b>A7035</b> <b>AirFit F10</b> 63165 Small 63164 Standard 63166 Large <b>AirFit F10 for Her</b> 63167	<b>A7031</b> 62736 Extra Small 62737 Small 62738 Medium 62739 Large
<b>Quattro™ Air</b> 	<b>A7030 + A7035</b> <b>Quattro Air</b> 62701 Small 62702 Medium 62703 Large <b>Quattro Air for Her</b> 62740 Extra Small 62741 Small 62742 Medium	<b>A7030</b> 62752 Extra Small 62753 Small 62754 Medium 62755 Large	<b>A7035</b> <b>Quattro Air</b> 62757 Small 62756 Standard <b>Quattro Air for Her</b> 62758 Small 62759 Standard	<b>A7031</b> 62736 Extra Small 62737 Small 62738 Medium 62739 Large
<b>Mirage Quattro™</b> 	<b>A7030 + A7035</b> 61200 Extra Small 61201 Small 61202 Medium 61203 Large	<b>A7030</b> 61260 Extra Small 61261 Small 61262 Medium 61263 Large	<b>A7035</b> 16118 Small 16117 Standard 16119 Large	<b>A7031</b> 61290 Extra Small 61291 Small 61292 Medium 61293 Large

**HCPCS codes listed in blue**

\* Frame system for each mask type includes:

Full face: frame, cushion and elbow

Nasal: frame, cushion and elbow with short tube

Pillows: frame and pillows

PRODUCT	INITIAL SETUP <sup>5</sup>	ONGOING REPLACEMENT SUPPLIES <sup>5</sup>		
	Complete mask system	Frame* with cushion/pillow †	Headgear	Replacement cushion/pillow
<b>Mirage Liberty™</b> 	<b>A7027 + A7035</b> 61300 Small 61301 Large	<b>A7027</b> 61318 Sml cush/Sml pillows 61319 Sml cush/Med pillows 61320 Sml cush/Lrg pillows 61321 Lrg cush/Sml pillows 61322 Lrg cush/Med pillows 61323 Lrg cush/Lrg pillows	<b>A7035</b> 61348 Small 61349 Standard	<b>A7028</b> <b>A7029</b> 61330 Small    61333 Small 61331 Large    61334 Medium 61335 Large
<b>AirFit P30i</b> 	<b>A7034 + A7035</b> 63850 Standard 63851 Small	<b>A7034</b> <b>Standard frame</b> 63856 Small 63854 Medium 63852 Large <b>Small frame</b> 63857 Small 63855 Medium 63853 Large	<b>A7035</b> 63814 Standard	<b>A7033</b> 63861 Small 63862 Medium 63863 Large
<b>AirFit P10</b> 	<b>A7034 + A7035</b> <b>AirFit P10</b> 62900 Small, Medium, Large <b>AirFit P10 for Her</b> 62910 Extra Small, Small, Medium	<b>A7034</b> 62920 Extra Small 62921 Small 62922 Medium 62923 Large	<b>A7035</b> <b>AirFit P10</b> 62935 <b>AirFit P10 for Her</b> 62936	<b>A7033</b> 62930 Extra Small 62931 Small 62932 Medium 62933 Large
<b>Swift FX™</b> 	<b>A7034 + A7035</b> <b>Swift FX</b> 61500 Small, Medium, Large <b>Swift FX for Her</b> 61540 Extra Small, Small, Medium <b>Swift FX Bella™</b> 61560 Extra Small, Small, Medium <b>Swift FX Bella Gray</b> 61568 Small, Medium, Large	<b>A7034</b> 61510 Extra Small 61511 Small 61512 Medium 61513 Large	<b>A7035</b> <b>Swift FX</b> 61529 <b>Swift FX for Her</b> 61543	<b>A7033</b> 61520 Extra Small 61521 Small 61522 Medium 61523 Large
<b>AirFit N30i</b> 	<b>A7034 + A7035</b> 63800 Standard 63801 Small	<b>A7034</b> <b>Standard frame</b> 63802 Small 63804 Medium 63806 Wide 63808 Small-Wide <b>Small frame</b> 63803 Small 63805 Medium 63807 Wide 63809 Small-Wide	<b>A7035</b> 63814 Standard	<b>A7032</b> 63810 Small-Wide 63811 Medium 63812 Wide 63813 Small
<b>AirFit N30</b> 	<b>A7034 + A7035</b> 64222 Small 64223 Medium 64224 Small-Wide	<b>A7034</b> 64205 Small 64206 Medium 64207 Small-Wide	<b>A7035</b> 64216 Standard	<b>A7032</b> 64209 Small 64210 Medium 64211 Small-Wide

**HCPCS codes listed in blue**





\* Frame system for each mask type includes:




Full face: frame, cushion and elbow

Nasal: frame, cushion and elbow with short tube

Pillows: frame and pillows

† AirFit N30 frame system consists of cushion, short tube and frame with QuietAir™ vent

PRODUCT	INITIAL SETUP <sup>5</sup>	ONGOING REPLACEMENT SUPPLIES <sup>5</sup>		
	Complete mask system	Frame* with cushion/pillow	Headgear	Replacement cushion/pillow
<b>AirTouch N20</b> 	<b>A7034 + A7035</b> <b>AirTouch N20</b> 63903 Small 63901 Medium 63902 Large <b>AirTouch N20 for Her</b> 63900 Small	<b>A7034</b> <b>AirTouch N20</b> 63953 Small 63955 Medium 63956 Large <b>AirTouch for Her</b> 63954 Small	<b>A7035</b> <b>AirTouch N20</b> 63560 Small 63561 Standard 63562 Large <b>AirTouch N20 for Her</b> 63558 Small	<b>A7032</b> 63950 Small 63951 Medium 63952 Large
<b>AirFit N20</b> 	<b>A7034 + A7035</b> <b>AirFit N20</b> 63503 Small 63501 Medium 63502 Large <b>AirFit N20 for Her</b> 63500 Small	<b>A7034</b> <b>AirFit N20</b> 63553 Small 63555 Medium 63556 Large <b>AirFit N20 for Her</b> 63554 Small	<b>A7035</b> <b>AirFit N20</b> 63560 Small 63561 Standard 63562 Large <b>AirFit N20 for Her</b> 63558 Small	<b>A7032</b> 63550 Small 63551 Medium 63552 Large
<b>AirFit N10</b> 	<b>A7034 + A7035</b> <b>AirFit N10</b> 63229 Small 63200 Standard 63202 Wide <b>AirFit N10 for Her</b> 63201 Small	<b>A7034</b> 63231 Small 63230 Standard 63232 Wide	<b>A7035</b> <b>AirFit N10</b> 63262 Small 63260 Standard, Wide <b>AirFit N10 for Her</b> 63261 Small	<b>A7032</b> 63241 Small 63240 Standard 63242 Wide
<b>Mirage™ FX</b> 	<b>A7034 + A7035</b> <b>Mirage FX</b> 62103 Standard 62118 Wide <b>Mirage FX for Her</b> 62109 Small 62128 Standard	<b>A7034</b> <b>Mirage FX</b> 62112 Standard 62126 Wide <b>Mirage FX for Her</b> 62137 Small 62112 Standard	<b>A7035</b> <b>Mirage FX</b> 62138 Small 62110 Standard, Wide <b>Mirage FX for Her</b> 62129 Standard	<b>A7032</b> <b>Mirage FX</b> 62111 Standard 62125 Wide <b>Mirage FX for Her</b> 62136 Small 62111 Standard

<b>Tubing</b> <b>A7037</b> 14986 Autoclavable tubing, 6'6" 14987 Tubing, 6'6" 14994 Tubing, 6' 14922 Tubing, 9'9" (bilevel only) 14999 Tubing, 9' (bilevel only) 36810 SlimLine™ tubing <b>A4604</b> 37296 ClimateLineAir™ heated tubing (Air10™ only) 37357 ClimateLineAir Oxy heated tubing (Air10 only) 36995 ClimateLine™ heated tubing (S9™ only) 36996 ClimateLine Max Oxy heated tubing (S9 only) 	<b>Humidifier water tubs</b> <b>A7046</b> 37299 HumidAir™ standard tub 37479 HumidAir cleanable tub 36803 H5i™ standard water tub 26952 H4i™ standard water tub 	<b>Filters</b> <b>A7038</b> <b>Air10 and S9 Filters</b> 36850 (1 pk) 36851 (2 pk) 36852 (12 pk) 36853 (50 pk) 36855 Hypo (1 pk) 36856 Hypo (2 pk) 36857 Hypo (12 pk) 36858 Hypo (50 pk) 
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**HCPCS codes listed in blue**

\* Frame system for each mask type includes:  
 Full face: frame, cushion and elbow  
 Nasal: frame, cushion and elbow with short tube  
 Pillows: frame and pillows



**Q: Can a supplier provide 90 days' worth of PAP supplies (e.g. cushions, pillows, tubing, filters, etc.) at the time of initial setup?**

Yes, an extra set of supplies may be dispensed and separately reimbursed at the time of setup. However, regardless of utilization, a supplier must not dispense more than a three-month quantity at a time.<sup>2</sup>

This is based on Medicare guidance; commercial payer policies vary. Check with the payer prior to billing.

**Q: Does the mask system (A7030, A7034, A7027) and headgear (A7035) include the cushion/pillows or should they be billed separately?**

The mask and headgear are expected to be "complete" accessories, which include the cushion or pillows.<sup>6</sup>

**Q: What does a Medicare prescription need to include prior to billing Durable Medical Equipment (DME) accessories?**

A standard written order (SWO) must be communicated to the supplier prior to claim submission. The SWO must contain: 1) the patient's name or Medicare Beneficiary Identifier; 2) the treating practitioner's name (or NPI) and signature; 3) order date; 4) description of all items that are separately billed (description can be either a general description [e.g. heated tubing, full face mask], a HCPCS code, a HCPCS code narrative, or a brand name/model number).

A new order/prescription is required:

- For all claims for purchases;
- If there is a change in the order/prescription (e.g. switch from nasal mask to full face mask);
- When there is a change in the supplier and the new supplier is unable to obtain a copy of a valid order/prescription for the item from the transferring supplier.

**Q: What is required by Medicare for proof of delivery (POD)?**

Suppliers may either directly deliver accessories to the beneficiary (or designee) or use a shipping/delivery service. As a general Medicare rule, the date of service (DOS) shall be the date of delivery (may also use the shipping date as the DOS when using a shipping/delivery service). POD examples include, but are not limited to: signed and dated delivery document, a voucher, invoice or statement, shipping invoice, or delivery service's tracking information. POD document must include: 1) patient's name; 2) delivery address; 3) a description of the item(s) being delivered (e.g. HCPCS code, brand name/model #, narrative description); 4) quantity delivered; 5) date delivered; 6) patient (or designee) signature or evidence of delivery\* when not directly delivering. Suppliers are required to maintain proof of delivery documentation in their files for seven years.<sup>7</sup>

**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. 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 the patient's expected utilization, a supplier must not dispense more than a three-month quantity at a time.

In regards to documentation:

A routine refill prescription is not needed.

The refill record must include: 1) patient's name (or authorized designee); 2) a description of each item that is being requested; 3) the functional condition of the item(s) being refilled in sufficient detail to demonstrate the cause of the dysfunction that necessitates replacement (refill); 4) date of refill request.

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 between the supplier and patient. The refill request must occur and be documented before shipment. A retrospective attestation statement by the supplier or patient is not sufficient.

The reimbursement information is being provided on an "as is" basis with no express or implied warranty of any kind, and should be used solely for your internal informational purposes only. The responsibility for dispensing and submitting claims for PAP resupplies at appropriate intervals belongs to the HME supplier. The information does not constitute professional or legal advice on reimbursement and should be used at your sole liability and discretion. All coding, coverage policies and reimbursement information are subject to change without notice. ResMed does not represent or warrant that any of the information being provided is true or correct and you agree to hold ResMed harmless in the event of any loss, damage, liabilities or claims arising from the use of the reimbursement information provided to you. Before filing any claims, it is the HME provider's sole responsibility to verify current requirements and policies with the applicable payer.

\* Given the nature of the coronavirus pandemic and the inability to collect signatures during this time, CMS will not be enforcing the signature requirement. Typically, Part B drugs and certain DME covered by Medicare require proof of delivery and/or a beneficiary's signature. Suppliers should document in the medical record the appropriate date of delivery and that a signature was not able to be obtained because of COVID-19. <https://www.cms.gov/files/document/provider-burden-relief-faqs.pdf>.

1 The Medicare schedule does not state how often Medicare recipients should replace accessories, but instead outlines the usual maximum amount expected to be reasonable and necessary.

2 U.S. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea (L33718). (Rev. eff. date: 01/01/2020). Retrieved online Jan 1, 2020 from <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33718&ver=20&SearchType=Advanced&CoverageSelection=Local&PolicyType=Both&s=All&KeyWord=pap&KeyWordLookUp=Title&KeyWordSearchType=Exact&kq=true&bc=EAAAABAAAA&>.

3 U.S. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual, Chapter 20, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) section 200

4 CGS Administrators, LLC. Refill Requirements for non-consumable Supplies FAQs. Retrieved online Jan 1, 2020, from [https://www.cgsmedicare.com/jb/help/faqs/current/refill\\_requirements.html#](https://www.cgsmedicare.com/jb/help/faqs/current/refill_requirements.html#).

5 ResMed mask & cushion products have received verification for appropriate HCPCS coding through the SADMERC and the PDAC.

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

7 CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 4, §54.26 – 4.26.2. Retrieved online Jan 1, 2020, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c04pdf.pdf>.

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