

## 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	2009 Medicare ceiling/floor	Replacement schedule <sup>1</sup>
A7027	Combination oral/nasal mask	\$195.85–\$166.47	1 per 3 months
A7028	Oral cushion for combination oral/nasal mask - replacement	\$52.02–\$44.22	2 per month
A7029	Nasal pillows for combination oral/nasal mask - replacement	\$21.25–\$18.06	2 pairs per month
A7030	Full face mask	\$170.72–\$145.11	1 per 3 months
A7031	Face mask interface - replacement	\$63.14–\$53.67	1 per month
A7032	Cushion for use on nasal mask interface - replacement	\$36.68–\$31.18	2 per month
A7033	Pillows for use on nasal cannula type interface - replacement	\$25.71–\$21.85	2 pairs per month
A7034	Mask interface - mask or cannula	\$106.46–\$90.49	1 per 3 months
A7035	Headgear	\$35.97–\$30.57	1 per 6 months
A7037	Tubing	\$37.12–\$31.55	1 per 3 months
A7038	Filter, disposable	\$4.88–\$4.15	2 per month

### 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.”<sup>2</sup> 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.<sup>3</sup> 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 the supplies are needed; and 3) approve the quantity. The information should always be documented in the patient’s medical file.












### Billing in Advance

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.

### Billing in Advance Tips

Bill each individual accessory code and quantity on one line and add a narrative stating, “three months supply.”<sup>4</sup> 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.<sup>5</sup>

The information provided with this notice is general reimbursement information only as of June 23, 2009. 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.

PRODUCT	INITIAL SETUP <sup>6</sup>		ONGOING REPLACEMENT SUPPLIES <sup>7</sup>		
			Frame with cushion/pillow	Headgear	Replacement cushion/pillow
 <b>Swift™ LT for Her</b> <small>HCPCS code Prod no(s)</small>	A7034 + A7035 60588 Extra small, Small, Medium	<b>A7034</b> 60585 Extra small 60582 Small 60583 Medium 60584 Large	<b>A7035</b> 60595	<b>A7033</b> 60574 Extra small 60571 Small 60572 Medium 60573 Large	
 <b>Swift LT</b> <small>HCPCS code Prod no(s)</small>	A7034 + A7035 60560 Small, Medium, Large	<b>A7034</b> 60585 Extra small 60582 Small 60583 Medium 60584 Large	<b>A7035</b> 60578	<b>A7033</b> 60574 Extra small 60571 Small 60572 Medium 60573 Large	
 <b>Mirage Swift™ II</b> <small>HCPCS code Prod no(s)</small>	A7034 + A7035 60512	<b>A7034</b> 60537 Small 60538 Medium 60539 Large	<b>A7035</b> 60526	<b>A7033</b> 60541 Small 60542 Medium 60543 Large	
 <b>Mirage Micro™</b> <small>HCPCS code Prod no(s)</small>	A7034 + A7035 16333 Small 16334 Medium & Large 16335 Large wide & Extra large	<b>A7034</b> 16378 Small 16379 Medium 16380 Large 16381 Large wide 16382 Extra large	<b>A7035</b> 16117 Standard 16118 Small 16119 Large	<b>A7032</b> 16388 Small 16389 Medium 16390 Large 16391 Large wide 16392 Extra large	
 <b>Mirage™ SoftGel</b> <small>HCPCS code Prod no(s)</small>	A7034 + A7035 61601 Medium 61602 Large	<b>A7034</b> 61627 Medium 61628 Large	<b>A7035</b> 16118 Small 16117 Medium 16119 Large	<b>A7032</b> 61632 Medium 61633 Medium	
 <b>Mirage Activa™ LT</b> <small>HCPCS code Prod no(s)</small>	A7034 + A7035 60182 Small 60148 Medium 60149 Large 60150 Large wide	<b>A7034</b> 60195 Small 60172 Medium 60173 Large 60174 Large wide	<b>A7035</b> 16118 Small 60114 Standard 60119 Large	<b>A7032</b> 60198 Small 60117 Medium 60178 Large 60572 Large wide	
 <b>Mirage Activa</b> <small>HCPCS code Prod no(s)</small>	A7034 + A7035 60100 Standard 60101 Large 60102 Shallow	<b>A7034</b> 60111 Standard 60112 Large 60113 Shallow	<b>A7035</b> 60114 Standard 16118 Small 16119 Large	<b>A7032</b> 60117 Standard 60118 Large 60119 Shallow	
 <b>Ultra Mirage™ II</b> <small>HCPCS code Prod no(s)</small>	A7034 + A7035 16548 Standard 16549 Large 16550 Shallow 16577 Shallow wide	<b>A7034</b> 16726 Standard 16727 Large 16728 Shallow 16736 Shallow wide	<b>A7035</b> 16117 Standard 16118 Small 16119 Large	<b>A7032</b> 16556 Standard 16557 Large 16558 Shallow 16735 Shallow wide	
 <b>Ultra Mirage Full Face</b> <small>HCPCS code Prod no(s)</small>	A7030 + A7035 60600 Small standard 60601 Small shallow 60602 Medium standard 60603 Medium shallow 60604 Large standard 60605 Large shallow	<b>A7030</b> 60620 Small standard 60621 Small shallow 60622 Medium standard 60623 Medium shallow 60624 Large standard 60625 Large shallow	<b>A7035</b> 60674 Standard 16118 Small 16119 Large	<b>A7031</b> 16604 Small standard 16671 Small shallow 16605 Medium standard 16672 Medium shallow 16606 Large standard 16673 Large shallow	
 <b>Mirage Quattro™</b> <small>HCPCS code Prod no(s)</small>	A7030 + A7035 61200 Extra small 61201 Small 61202 Medium 61203 Large	<b>A7030</b> 61260 Extra small 61261 Small 61262 Medium 61263 Large	<b>A7035</b> 16117 Standard 16118 Small 16119 Large	<b>A7031</b> 61290 Extra small 61291 Small 61292 Medium 61293 Large	
 <b>Mirage Liberty™</b> <small>HCPCS code Prod no(s)</small>	A7027 + A7035 61300 Small 61301 Large	<b>A7027</b> 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	<b>A7035</b> 61348 Small 61349 Large	<b>A7028</b> 61330 Small 61331 Large <b>A7029</b> 61333 Small 61334 Medium 61335 Large	
	<b>Tubing</b> <small>HCPCS code Prod no(s)</small>	<b>A7037</b> 14986 Gray 2 meter 14987 Clear 2 meter 14980 Gray 3 meter			
	<b>Filters</b> <small>HCPCS code Prod no(s)</small>	<b>A7038</b> 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)	

## Q & A

**Q: According to Medicare, how often can accessories, such as masks, cushions, headgear and filters, be replaced?**

CMS publishes the usual maximum replacement schedules for supplies and accessories in the coverage policies for CPAPs and RADs. Coverage for supplies and accessories are subject to the requirements of CMS policy guidelines, which state that all equipment must be considered “reasonable and necessary.”

**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.

**Q: Can a supplier receive separate reimbursement for an additional set of replacement nasal cushions or pillows dispensed at the time of initial issue of a CPAP mask?**

An extra set of nasal cushions/pillows may be dispensed and separately reimbursed at the time of initial issue of the device since these items have a short replacement frequency cycle.

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

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. Conversely, an extra item with a replacement frequency of three months or more should not be dispensed at initial issue.

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

This dispensing order must include: a description of the item, the beneficiary’s name, the physician’s name and the start date of the order.<sup>8</sup> 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 (ie, 1-99, 99= lifetime). The description can be either a narrative description (eg, nasal pillows mask) or a brand name/model number.

**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, and 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.

If the supplier utilizes a delivery/shipping service, an example of proof of delivery would include the delivery service’s tracking slip and the supplier’s own shipping invoice. If possible, the supplier’s records should also include the delivery service’s package identification number for that package sent to the beneficiary. The delivery service’s tracking slip should reference each individual package, the delivery address, the corresponding package identification number given by the delivery service and, if possible, the date delivered.

Suppliers are required to maintain proof of delivery documentation in their files for seven years.<sup>9</sup>

**ResMed Support Tools**  
**HCPCS Coding Card PN 101837**

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 1/1/2009).  
 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 Medicare Program Integrity Manual, Chapter 5: Items and Services Having Special DME Review Considerations (Rev. 281, 12-31-08).  
 9 Pub. 100-08 Medicare Program Integrity, Transmittal: 61, Change Request 2903, January 2, 2004.