



SUPPLY REPLACEMENT SCHEDULE

The following table provides a guideline for typical replacement of CPAP supplies. This is only a general guide pertaining to *most* insurance policies. For your individual replacement schedule, please contact your insurance provider.

Along the left hand column is the HCPCS alpha-numeric billing code for each of these items. In order to find out your cost for each supply, keep these codes handy when contacting your provider.

HCPCS BILLING CODE	ITEM DESCRIPTION	EVERY MONTH	EVERY 3 MONTHS	EVERY 6 MONTHS
A7031	FULL FACE MASK CUSHION	1		
A7032	NASAL MASK CUSHION	2		
A7033	NASAL PILLOW	2		
A7028	ORAL/NASAL CUSHION	1		
A7029	ORAL/NASAL PILLOW	2		
A7038	2PK DISPOSABLE FILTERS	1		
A7027	ORAL/NASAL MASK		1	
A4604	HEATED CIRCUIT TUBING		1	
A7030	FULL FACE MASK		1	
A7034	NASAL MASK		1	
A7037	STANDARD TUBING		1	
A7035	HEADGEAR			1
A7036	CHINSTRAP			1
A7039	NON-DISPOSABLE FILTER			1
A7046	WATER CHAMBER			1