



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 of the information on this sheet 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 ¹
A4604	Tubing with integrated heating	1 per 3 months
A7027	Oral nasal mask	1 per 3 months
A7028	Oral cushion for oral nasal mask – replacement	2 per month
A7029	Nasal pillows cushion for 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 or nasal pillows mask	1 per 3 months
A7035	Headgear	1 per 6 months
A7036	Chinstrap	1 per 6 months
A7037	Air Tubing	1 per 3 months
A7038	Disposable air filter	2 per month
A7046	Humidifier water chamber – replacement	1 per 6 months

Authorization requirements

Accessories used with a PAP or RAD device are covered when the coverage criteria for the device are met.² Masks are classified by the Food and Drug Administration (FDA) as Class II devices, which require a written order/prescription from the treating practitioner as a condition for payment.

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.³

Medical necessity for patient-owned PAP & RAD

In August 2016, the Centers for Medicare & Medicaid Services (CMS) stated that medical necessity is established for replacement accessories of patient-owned PAP or RAD when Medicare initially paid for the base PAP or RAD (13 months of continuous use). For patients who received a PAP or RAD device prior to joining Medicare, there must be documentation that the patient had a sleep test, prior to fee for service Medicare enrollment, that meets the Medicare AHI/RDI coverage criteria in effect at the time that the patient seeks Medicare coverage of replacement accessories; and, that the patient had an in-person clinical evaluation by their treating practitioner.²

Resupply recommended steps

For a Medicare patient to receive replacement accessories, the equipment supplier should: 1) contact the patient prior to dispensing supplies no sooner than 30 calendar days prior to the expected end of the

current supply; 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) documentation of affirmative response indicating a need for refill and d) date of refill request.⁴

Refer to the Q&A section within this document for additional refill documentation requirements.







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.[†]
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.

[†] CGS Administrators, LLC. Billing Reminder on Narratives and Date Spanning Claim Dates. Retrieved online February 26, 2024, from <https://cgsmedicare.com/jc/pubs/news/2019/05/cope12611.html>.

PRODUCT Full Face Masks	INITIAL SETUP ⁵	ONGOING REPLACEMENT SUPPLIES ⁵		
	Complete mask system	Frame* with cushion	Headgear	Replacement cushion
AirFit™ F40 	A7030 + A7035 Small frame 64603 Medium Standard frame 64600 Small-Wide 64601 Medium 64602 Large Large frame 64604 Medium	A7030 64607 Small-Wide 64608 Medium 64609 Large	A7035 64633 Small 64634 Standard 64635 Large	A7031 64627 Small-Wide 64628 Medium 64629 Large
AirFit F30 	A7030 + A7035 64100 Small 64101 Medium	A7030 64155 Small 64156 Medium	A7035 64161 Standard	A7031 64150 Small 64151 Medium
AirFit F30i 	A7030 + A7035 Small frame 63330 Small 63303 NM Small Standard frame 63331 Small 63304 NM Small 63332 Medium 63309 NM Medium 63333 Wide 63315 NM Wide Large frame 63334 Medium 63316 NM Medium	A7030 Small frame 63355 Small 63356 Medium 63357 Small-Wide 63358 Wide Standard frame 63359 Small 63360 Medium 63361 Small-Wide 63362 Wide Large frame 63363 Small 63364 Medium 63365 Small-Wide 63366 Wide	A7035 63372 Standard 63317 NM Standard	A7031 63350 Small 63351 Medium 63352 Small-Wide 63353 Wide
AirTouch™ F20 	A7030 + A7035 AirTouch F20 63000 Small 63001 Medium 63002 Large AirTouch F20 for Her 63003 Small 63004 Medium	A7030 63021 Small 63022 Medium 63023 Large AirTouch F20 for Her 63024 Small 63025 Medium	A7035 AirTouch F20 63470 Small 63471 Standard 63472 Large AirTouch F20 for Her 63473 Small	A7031 63028 Small 63029 Medium 63030 Large
AirFit F20 	A7030 + A7035 AirFit F20 63400 Small 64028 NM Small 63401 Medium 64029 NM Medium 63402 Large 64030 NM Large AirFit F20 for Her 63403 Small 63404 Medium	A7030 63460 Small 64045 NM Small 63461 Medium 64046 NM Medium 63462 Large 64047 NM Large AirFit F20 for Her 63463 Small 63464 Medium	A7035 AirFit F20 63470 Small 64040 NM Small 63471 Standard 64041 NM Standard 63472 Large 64042 NM Large AirFit F20 for Her 63473 Small	A7031 63467 Small 63468 Medium 63469 Large
AirFit F10 	A7030 + A7035 AirFit F10 63101 Small 63102 Medium 63103 Large AirFit F10 for Her 63139 Extra Small 63140 Small 63141 Medium	A7030 63160 Extra Small 63161 Small 63162 Medium 63163 Large	A7035 AirFit F10 63165 Small 63164 Standard 63166 Large AirFit F10 for Her 63167	A7031 62736 Extra Small 62737 Small 62738 Medium 62739 Large







HPCPS 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 ⁵	ONGOING REPLACEMENT SUPPLIES ⁵		
		Frame* with cushion	Headgear	Replacement cushion
Full Face Masks Quattro™ Air 	A7030 + A7035 Quattro Air 62701 Small 62702 Medium 62703 Large Quattro Air for Her 62740 Extra Small 62741 Small 62742 Medium	A7030 62752 Extra Small 62753 Small 62754 Medium 62755 Large	A7035 Quattro Air 62757 Small 62756 Standard Quattro Air for Her 62758 Small 62759 Standard	A7031 62736 Extra Small 62737 Small 62738 Medium 62739 Large
Mirage Quattro™ 	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
Nasal Masks	Complete mask system	Frame* with cushion	Headgear	Replacement cushion
AirTouch N30i 	A7034 + A7035 Starter packs 62300 Standard 62301 Small Standard frame 62310 Small-Wide 62311 Medium 62312 Large Small Frame 62313 Small-Wide 62314 Medium 62315 Large	A7034 Standard Frame 62316 Small-Wide 62317 Medium 62318 Large Small Frame 62319 Small-Wide 62320 Medium 62321 Large	A7035 63814 Standard	A7032 62330 Small-Wide 62331 Medium 62332 Large
AirFit N30i 	A7034 + A7035 63800 Standard 63801 Small	A7034 Standard frame 63802 Small 63804 Medium 63806 Wide 63808 Small-Wide Small frame 63803 Small 63805 Medium 63807 Wide 63809 Small-Wide	A7035 63814 Standard	A7032 63810 Small-Wide 63811 Medium 63812 Wide 63813 Small
AirFit N30 	A7034 + A7035 64222 Small 64223 Medium 64224 Small-Wide	A7034 64210 Small 64211 Medium 64212 Small-Wide	A7035 64216 Standard	A7032 64213 Small 64214 Medium 64215 Small Wide
AirTouch N20 	A7034 + A7035 AirTouch N20 63903 Small 63901 Medium 63902 Large AirTouch N20 for Her 63900 Small	A7034 AirTouch N20 63953 Small 63955 Medium 63956 Large AirTouch for Her 63954 Small	A7035 AirTouch N20 63560 Small 63561 Standard 63562 Large AirTouch N20 for Her 63558 Small	A7032 63950 Small 63951 Medium 63952 Large

HPCPS 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 ⁵	ONGOING REPLACEMENT SUPPLIES ⁵		
		Frame* with cushion†	Headgear	Replacement cushion
Nasal Masks AirFit N20 	A7034 + A7035 AirFit N20 63503 Small 63501 Medium 63502 Large AirFit N20 for Her 63500 Small	A7034 AirFit N20 63553 Small 63555 Medium 63556 Large AirFit N20 for Her 63554 Small	A7035 AirFit N20 63560 Small 63561 Standard 63562 Large AirFit N20 for Her 63558 Small	A7032 63550 Small 63551 Medium 63552 Large
Mirage™ FX 	A7034 + A7035 Mirage FX 62103 Standard 62118 Wide Mirage FX for Her 62109 Small 62128 Standard	A7034 Mirage FX 62112 Standard 62126 Wide Mirage FX for Her 62137 Small 62112 Standard	A7035 Mirage FX 62138 Small 62110 Standard, Wide Mirage FX for Her 62129 Standard	A7032 Mirage FX 62111 Standard 62125 Wide Mirage FX for Her 62136 Small 62111 Standard
Nasal Pillows Masks AirFit P30i 	A7034 + A7035 63850 Standard 63851 Small	A7034 Standard frame 63856 Small 63854 Medium 63852 Large Small frame 63857 Small 63855 Medium 63853 Large	A7035 63814 Standard	A7033 63861 Small 63862 Medium 63863 Large
AirFit P10 	A7034 + A7035 AirFit P10 62900 Small, Medium, Large AirFit P10 for Her 62910 Extra Small, Small, Medium	A7034 62920 Extra Small 62921 Small 62922 Medium 62923 Large	A7035 AirFit P10 62935 AirFit P10 for Her 62936	A7033 62930 Extra Small 62931 Small 62932 Medium 62933 Large
Swift FX™ 	A7034 + A7035 Swift FX 61500 Small, Medium, Large Swift FX for Her 61540 Extra Small, Small, Medium Swift FX Bella™ 61560 Extra Small, Small, Medium Swift FX Bella Gray 61568 Small, Medium, Large	A7034 61510 Extra Small 61511 Small 61512 Medium 61513 Large	A7035 Swift FX 61529 Swift FX for Her 61543	A7033 61520 Extra Small 61521 Small 61522 Medium 61523 Large

HCPSC 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

Oral Nasal Masks	Complete mask system	Frame* with cushion/pillow	Headgear	Replacement cushion/pillow														
<div>AirFit X30i</div> <div></div>	<div>A7027 + A7035</div> <div>64300 Small 64301 Medium 64302 Large</div>	<div>A7027</div> <div>Standard frame 64305 Small 64306 Medium 64307 Large Small frame 64302 Small 64303 Medium 64304 Large Large frame 64351 Small 64352 Medium 64353 Large</div>	<div>A7035</div> <div>63372 Standard</div>	<div>A7028</div> <div>Oral cushion 64308 Standard</div> <div>A7029</div> <div>Nasal pillows cushions 64309 Small 64310 Medium 64311 Large</div>														
<div>Air tubing</div> <div>A7037 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</div> <div>A4604 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) 39102 ClimateLineAir 11 heated tubing (Air11™ only)</div> <div></div>	<div>Humidifier water chambers</div> <div>A7046 37299 HumidAir™ standard tub (Air10 only) 37479 HumidAir cleanable tub (Air10 only) 36803 H5i™ standard water tub (S9 only) 36901 H5i cleanable water tub (S9 only) 39100 HumidAir 11 standard tub (Air11 only) 39101 HumidAir 11 cleanable tub (Air11 only)</div> <div></div>	<div>Disposable air filters</div> <div>A7038 Air10, Air11 and S9 Filters</div> <div><table><tr><td>36850 (1 pk)</td><td>39300 (1 pk)</td></tr><tr><td>36851 (2 pk)</td><td>39301 (2 pk)</td></tr><tr><td>36852 (12 pk)</td><td>39302 (12 pk)</td></tr><tr><td>36853 (50 pk)</td><td>39303 (50 pk)</td></tr><tr><td>36855 Hypo (1 pk)</td><td>39304 Hypo (1 pk)</td></tr><tr><td>36856 Hypo (2 pk)</td><td>39305 Hypo (2 pk)</td></tr><tr><td>36857 Hypo (12 pk)</td><td>39306 Hypo (12 pk)</td></tr><tr><td>36858 Hypo (50 pk)</td><td>39307 Hypo (50 pk)</td></tr></table></div> <div></div>	36850 (1 pk)	39300 (1 pk)	36851 (2 pk)	39301 (2 pk)	36852 (12 pk)	39302 (12 pk)	36853 (50 pk)	39303 (50 pk)	36855 Hypo (1 pk)	39304 Hypo (1 pk)	36856 Hypo (2 pk)	39305 Hypo (2 pk)	36857 Hypo (12 pk)	39306 Hypo (12 pk)	36858 Hypo (50 pk)	39307 Hypo (50 pk)
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36857 Hypo (12 pk)	39306 Hypo (12 pk)																	
36858 Hypo (50 pk)	39307 Hypo (50 pk)																	

Q: Can a supplier provide 90 days' worth of PAP or RAD 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.²

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) include the cushion/pillows or should they be billed separately?

Yes, the mask system codes (A7030, A7034, A7027) include the cushion or pillows as part of a complete mask. Separate billing for cushions or pillows is allowed when additional replacement items beyond what is included with the mask are provided.⁶

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

A standard written order (SWO), also sometimes referred to as a written order or prescription, 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. tubing, CPAP 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. original order specifies AirFit N30i and patient switches to an AirTouch N30i);
- 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: Can the SWO list multiple types of CPAP and RAD supplies and accessories such as masks, cushions, pillows, tubing?

Yes. It is acceptable to use a generic description of each type of item ordered. For example, CPAP mask to fit, CPAP mask interface, CPAP tubing. It is also acceptable to list all potential CPAP/RAD supplies on the SWO. However, it is not acceptable to only write "CPAP Supplies" on the SWO. You must list each item that will be separately billed.⁷

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

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

Suppliers may either directly deliver accessories to the patient (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 documents may need to 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 and 7) delivery service's package identification number, supplier invoice number, or alternative method that links the supplier's delivery documents with the delivery service's records. Suppliers are required to maintain proof of delivery documentation in their files for seven years.⁸

Q: What documentation is required for refills?

Suppliers must contact the patient, and document an affirmative response, 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 30 calendar days prior to the expected end of the current supply. For delivery of refills, the supplier must deliver the product no sooner than 10 calendar days prior to the expected end of the current

supply regardless of which delivery method is utilized. A supplier must not dispense more than a three-month quantity at a time.

In regards to documentation⁴:

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) documentation of affirmative response indicating a need for refill⁵; 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.

*For items that are delivered to the patient, documentation of a request for refill must be individualized to the patient (i.e., the patient or their caregiver/designee affirms the need for refill) and documented in the record. Medicare does not prescribe the mode of communication used to gather the information. For example, the refill request communication **may be performed via automated text messaging or email** as long as each required aspect of the refill request is captured. The refill request must occur and be **documented before shipment**. A retrospective attestation statement by the supplier or patient is not sufficient.

Disclaimer: ResMed is providing this information on an "as is" basis with no express or implied warranty of any kind, and it should be used solely for your internal informational purposes only. The responsibility for dispensing and submitting claims for PAP or RAD resupplies at appropriate intervals belongs to the HME supplier. The information does not constitute professional or legal advice on reimbursement and is 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.

1 The Medicare accessories replacement schedule does not state how often Medicare recipients should replace accessories, but instead outlines the usual maximum amount of accessories 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: 01/01/2024). Retrieved online Aug 26, 2024 from <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33718&ver=52>.

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 U.S. Centers for Medicare & Medicaid Services. Policy Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426). Rev. eff. date: 01/01/2024. Retrieved online Aug 26, 2024 from <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55426&ver=120&>.

5 Most ResMed accessories have HCPCS Level II codes assigned by the Pricing, Data Analysis, and Coding (PDAC) Medicare contractor, though not all are code-verified. We cannot provide coding guidance for any accessories that have not been code-verified. For any accessory not assigned a HCPCS code, suppliers may determine if the item fits an existing HCPCS definition by using the PDAC [DMECS keyword search](#), and if so, use the associated HCPCS code(s) when submitting claims.

6 U.S. Centers for Medicare & Medicaid Services. Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea - Policy Article (A52467). Rev. eff. date: 08/08/2021. Retrieved online May 8, 2025 from <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52467&ver=54>

7 CGS Administration, LLC. Current Frequently Asked Questions (FAQs). Retrieved online Apr 15, 2024 from <https://www.cgsmedicare.com/c/help/faqs/current/index.html#>

8 CMS Manual System, Pub. 100-08, Medicare Program Integrity Manual, Chapter 4, §4.7.3.1. Retrieved online Aug 26, 2024, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c04pdf.pdf>.

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