

Clarification on Continuous Positive Airway Pressure (CPAP) Supplies Policy

New Policy Effective April 1, 2018

In follow up to the previous communication sent on 1/30/2018, please see page two of this communication for additional details on the code set affected. The following new policy will be applied as medical claims reimbursement edits with our claims adjudication system. This is an addition to all other reimbursement processes that NH Healthy Families currently employs.

The effective date for the below policy is **April 1, 2018**.

Policy Name	Policy Description
Continuous Positive Airway Pressure (CPAP) Supplies	This policy references quantity limitations for reimbursement on CPAP supplies.

This policy is developed based on medical literature and research, industry standards and guidelines as published and defined by the American Medical Association's Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), and public domain specialty society guidance.

Visit **NHhealthyfamilies.com** to find NH Healthy Families Payment and Clinical Policies. Policies can be found on the Provider Resources page under Manuals, Forms & Resources.

Please contact Provider Services at 1-866-769-3085 with any questions.

CPT codes and CPT descriptions are from current 2018 manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Please reference page two for the following code set affected.

Sincerely,

NH Healthy Families

Provider Network Fax Blast

Thursday, February 22, 2018



2 Executive Park Drive
Bedford, NH 03110

CPT/HCPCS Code	Descriptor	Unit Limits
A4604	Tubing with heating element	1 every 3 months
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	1 every 3 months
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	2 per month
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	2 per month
A7030	Full face mask used with positive airway pressure device, each	1 every 3 months
A7031	Face mask interface, replacement for full face mask, each	1 per month
A7032	Cushion for use on nasal mask interface, replacement only, each	2 per month
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	2 per month
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	1 every 3 months
A7035	Headgear used with positive airway pressure device	1 every 6 months
A7036	Chin strap used with positive airway pressure device	1 every 6 months
A7037	Tubing used with positive airway pressure device	1 every 3 months
A7038	Filter, disposable, used with positive airway pressure device	2 per month
A7039	Filter, nondisposable, used with positive airway pressure device	1 every 6 months
A7044	Oral interface used with positive airway pressure device, each	1 every 6 months
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	1 every 6 months
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	1 every 6 months

NH Healthy Families thanks you for being a partner in our network.