DIVISION OF MEDICAL SERVICES
PROVIDER BULLETIN

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Durable Medical Equipment

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CPAP AND BIPAP SUPPLIES QUANTITY LIMIT CHANGES

Effective for claims submitted on or after April 1, 2007, the quantity limits on the following CPAP and BIPAP supply codes are being increased.

TOS	PROCEDURE	CURRENT LIMIT	NEW LIMIT AS OF April 1, 2007
A	A7030	1 per 2 years	1 per 180 days
A	A7033	1 per 180 days	1 pair per 60 days
A	A7037	1 per 2 years	1 per 180 days
A	A7039	1 per year	1 per 180 days

CPAP AND BIPAP SUPPLIES

Supplies used with a continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP) device are covered when the coverage criteria for the device is met. If the coverage criteria is not met, the supplies will also be denied. The following table represents the Medicaid maximum allowed reimbursement amount and the quantity limitations. Supplies, repairs and maintenance are included in the first twelve (12) months of rental reimbursement and are not paid for separately. Providers must not dispense supplies simply because the quantity limitations allow. The recipient must agree that replacement of supplies is desired and necessary; no automatic shipping of supplies is allowed.

The supplies provided must be based on the type of delivery system the recipient utilizes. The following indicates the supplies that are allowed for the different types of delivery systems and the quantity limitation for each supply. Supplies billed that are inconsistent with the delivery system utilized by the recipient are subject to denial or recoupment.

CODE	DESCRIPTION	NASAL MASK	FULL MASK	CANULA
A7030	Full face mask used with positive airway pressure device, each	n/a	1 per 180 days	n/a
A7031	Face mask interface, replacement for full face mask, each	n/a	1 per 180 days	n/a
A7032	Replacement cushion for nasal application device, each	1 per 180 days	n/a	n/a
A7033	replacement pillows for nasal application device, pair	n/a	n/a	1 pair per 60 days
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	1 per 180 days	1 per 180 days	1 per 180 days
A7035	Headgear used with positive airway pressure device	1 per 180 days	1 per 180 days	1 per 180 days
A7036	Chinstrap used with positive airway pressure device	1 per 180 days	n/a	n/a
A7037	Tubing used with positive airway pressure device	1 per 180 days	1 per 180 days	1 per 180 days
A7038	filter, disposable, used with positive airway pressure device	2 per 30 days	2 per 30 days	2 per 30 days
A7039	filter, non-disposable used with positive airway pressure device	1 per 180 days	1 per 180 days	1 per 180 days

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Procedure codes A7044 (oral interface used with positive airway pressure device, each) and A7045 (exhalation port with or without swivel used with accessories for positive airway devices, replacement only) are covered up to one every 180 days; however, these items are rarely needed.

Either a non-heated (E0561) or heated humidifier (E0562) is covered separately when ordered by the treating physician and prior authorized for use with a covered CPAP or BIPAP device. The prior authorization request form must indicate that the humidifier is being used in conjunction with a CPAP or BIPAP device. A replacement water chamber for a humidifier used with a positive airway pressure device (A7046) may also be covered when this replacement item is required.

Provider Bulletins are available on the DMS Web site at http://dss.mo.gov/dms/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletins page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via E-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896

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