

| <u>Code</u> | <u>Description</u> | <u>Max Units</u> | <u>PA</u> | <u>OHCA TXIX Utilization Limits - Amount Allowed without Prior Authorization</u> | <u>PA Override</u> |
|-------------|---|------------------|-----------|--|--------------------|
| A4604 | TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE | 1 | Yes | | |
| A7027* | COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE | 1 | | 1 per Year | Yes |
| A7028 | ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH | 1 | | 1 per Year | |
| A7030* | FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH | 1 | | 1 per Year | Yes |
| A7031* | FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH | 1 | | 1 per Year | Yes |
| A7032 | CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH | 1 | | 1 per Year | Yes |
| A7033 | PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR | 1 | | 1 per Year | |
| A7034* | NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP | 1 | | 1 per Year | Yes |
| A7035 | HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE | 1 | | 1 per Year | |
| A7036 | CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE | 1 | | 1 per Year | |
| A7037 | TUBING, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | 1 | | 1 per Year | Yes |
| A7038 | FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | 4 | | 2 per Month | Yes |
| A7039 | FILTER, NONDISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | 1 | | 2 per Year | |
| A7044 | ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH | 1 | Yes | | |
| A7045 | EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY PRESSURE DEVICES, REPLACEMENT ONLY | 1 | Yes | | |
| A7046 | WATER CHAMBER FOR HUMIDIFIER; USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT ONLY | 1 | | 2 per Year | Yes |

*** - These 4 codes screen against each other - only one of these units are allowed without PA per 12 month period; however, they may be covered if Prior Auth is obtained**

Max Units = # of Units that can be dispensed per day

PA = If PA is required, MAU will establish the # of Units based on Medical Necessity provided

Utilization Limits Allowed without Prior Authorization = # allowed per floating calendar year

PA Override = MAU Staff has authority to process additional units if provider requests a PA and provides medical necessity for additional supplies

CPAP Supplies are allowed even though NEW Cpap orders are not covered

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