

## Resupply Guidelines for Tufts Members

**For Tufts Health Plan, resupplies follow the schedule below.**

CPT CODE	PROCEDURE DESCRIPTION	UNITS	FREQUENCY	NOTE
<b>A4604</b>	Tubing with integrated Heating Element for use with PAP device	2	Every 6 months	
<b>A7027</b>	Combination oral/nasal mask, used with continuous positive airway pressure device, each	2	Every 6 months	Can not bill A7030, A7034, or A7044 with this code
<b>A7030</b>	CPAP Full Face Mask	2	Every 6 months	Can not bill A7027, A7034, or A7044 with this code
<b>A7031</b>	Replacement Face Mask Interface	6	Every 6 months	
<b>A7032</b>	Replacement Nasal Cushion	12	Every 6 months	
<b>A7033</b>	Replacement Nasal Pillows	12	Every 6 months	
<b>A7034</b>	Nasal interface (mask or cannula type) used with PAP device	2	Every 6 months	Can not bill A7027, A7030, or A7044 with this code
<b>A7035</b>	Pos Airway Pressure Headgear	1	Every 6 months	
<b>A7036</b>	Pos Airway Pressure Chinstrap	1	Every 6 months	
<b>A7037</b>	Pos Airway Pressure Tubing	1	Every 3 months	
<b>A7038</b>	Pos Airway Pressure Filter	12	Every 6 months	
<b>A7039</b>	Filter, Non Disposable w/PAP	1	Every 6 months	
<b>A7044</b>	PAP Oral Interface	1	Every 6 months	Can not bill A7027, A7030, or A7034 with this code
<b>A7045</b>	REPL Exhalation Port for PAP	1	Every 6 months	
<b>A7046</b>	REPL Water Chamber, PAP Dev	1	Every 6 months	