

<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

**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**

**DISCLAIMER:** This document is provided as an educational tool only. Refer to the OHCA website ([www.okhca.org](http://www.okhca.org)) or the OHCA Secure Provider Portal for full and current details regarding coverage criteria