

DME MAC Jurisdiction A

Billing Reminder - Maximum Allowable of PAP and RAD Accessories

Posted September 09, 2011 ([SPE](#))

Accessories used with a PAP and/or RAD device are covered when the coverage criteria for the device are met. If the coverage criteria are not met, the accessories will be denied as not reasonable and necessary.

The following table represents the usual maximum amount of accessories expected to be reasonable and necessary:

PAP and RAD Accessories

HCPCS Code	Usual Maximum Amounts
A4604	1 per 3 months
A7027	1 per 3 months
A7028	2 per 1 month
A7029	2 per 1 month
A7030	1 per 3 months
A7031	1 per 1 month
A7032	2 per 1 month
A7033	2 per 1 month
A7034	1 per 3 months
A7035	1 per 6 months
A7036	1 per 6 months
A7037	1 per 3 months
A7038	2 per 1 month
A7039	1 per 6 months
A7046	1 per 6 months

Quantities of supplies greater than those described in the policy as the usual maximum amounts will be denied as not reasonable and necessary.

For all DMEPOS items that are provided on a recurring basis, suppliers are required to have contact with the beneficiary or caregiver/designee prior to dispensing a new supply of items. Suppliers must not deliver refills without a refill request from a beneficiary. Items delivered without a valid, documented refill request will be denied as not reasonable and necessary.

Suppliers must not dispense a quantity of supplies exceeding a beneficiary's expected utilization.

Suppliers must stay attuned to changed or atypical utilization patterns on the part of their clients.

Suppliers must verify with the ordering physicians that any changed or atypical utilization is warranted. Regardless of utilization, a supplier must not dispense more than a three (3)-month quantity of PAP and RAD accessories at a time.

* If you are billing more than the usual maximum allowable, be sure to include information as to why the additional units are necessary. This information should be entered in the NTE 2300 or 2400 field of electronic claims or Item 19 of paper claims.