

Medicare PAP Replacement Guidelines

| Item | Quantity/Frequency |
|--------------------------------|---------------------------|
| Full Face Mask | 1 per 3 months |
| Nasal Mask | 1 per 3 months |
| Nasal Pillow Mask | 1 per 3 months |
| Full Face Cushion | 1 per month |
| Nasal Cushion | 2 per month |
| Nasal Pillow Cushion | 2 per month |
| Heated Tubing | 1 per 3 months |
| Heated Tubing with Oxygen Port | 1 per 3 months |
| Slim Line Tubing | 1 per 3 months |
| Humidifier Tub | 1 per 6 months |
| Filter, Disposable | 2 per month |
| Headgear | 1 per 6 months |
| Chinstrap | 1 per 6 months |