

## Medicare PAP Replacement Guidelines

<b>Item</b>	<b>Quantity/Frequency</b>
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