



Advanced  
Sleep Therapy, LTD

## Recommended Replacement Schedule

\*\*\*Please note. We strongly recommend that you contact your insurance company to find out how often they will cover replacement supplies to avoid unexpected charges.

HPCS	Description	Private	Medicaid
<b>A7032, A7034,</b>	<b>Nasal Mask</b>	1 per 6 months	1 per 6 months
	Nasal Cushion	Monthly	
	Nasal Interface	1 per 3 months	
	Headgear	1 per 6 months	
<b>A7033, A7034,</b>	<b>Nasal Pillow Mask</b>	1 per 6 months	1 per 6 months
	Nasal Pillow	Monthly	
	Nasal Interface	1 per 3 months	
	Headgear	1 per 6 months	
<b>A7030</b>	<b>Full Face Mask</b>	1 per 6 months	1 per 6 months
	Full Face Cushion	Monthly	
	Full Face Interface	1 per 3 months	
	Full Face Headgear	1 per 6 months	
<b>A7037</b>	Tubing	1 per 3 months	1 per 6 months
<b>A4604</b>	Heated Tubing	1 per 3 months	1 per 6 months
<b>A7046</b>	Water Chamber	1 per 6 months	1 per 6 months
<b>A7036</b>	Chinstrap	1 per 6 months	1 per 6 months
<b>A7038</b>	Disposable White Filter	1 (2pk) per month	1 (2pk) per month
<b>A7039</b>	Non-Disposable Filter	1 (2pk) per 3	1 (2pk) per 6

**Advanced Sleep Therapy, Ltd.**

2035 S. Arlington Heights Road Suite 115, Arlington Heights, IL 60005

847.357.8782 Fax: 847.357.8784

[advsleeptherapy@sbcglobal.net](mailto:advsleeptherapy@sbcglobal.net)

***Better Sleep. Better Health.***