



SLEEP THERAPY GUIDE

LET'S WORK ON IT!



1337 BASSWOOD ROAD, SCHAUMBURG, IL 60173
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WWW.PRISMHC.COM

PAP THERAPY EDUCATION GOALS

- How Your Care Team Works Together for You
- Understanding Obstructive Sleep Apnea
- Understanding Your Sleep Score: Apnea Hypopnea Index (AHI) Scale
- Why PAP Therapy Matters for Your Health
- How PAP Therapy Helps You Breathe and Sleep Better
- Choosing the Right Mask: Comfortable Sleep Starts Here
- Tips for Getting Comfortable with your PAP Therapy
- Getting Started with Resmed myAir
- How to Clean and Care for Your PAP Supplies
- PAP Therapy Compliance Requirements for Obstructive Sleep Apnea
- Bi-Level Therapy Compliance for Non-Chronic Obstructive Pulmonary Diseases
- Bi-Level Therapy Compliance for Chronic Obstructive Pulmonary Disease (COPD)
- When and How to Replace Your PAP Therapy Supplies

ABOUT PRISM HEALTH CARE SERVICES, INC.

Welcome to the Prism Health Care Home CPAP and Bi-Level Therapy Program

Prism Health Care Services is a full-service, Durable Medical Equipment provider conveniently located at **1337 Basswood Road, Schaumburg, Illinois 60173**.

We proudly serve more than **18,000 customers across the Chicagoland area**, supported by a dedicated local team that includes Respiratory Therapists, Dietitians, Distribution Technicians, Revenue Cycle, Supply Chain, Business Development and Management Team. Together, we are committed to delivering exceptional care—consistently reflected in our **4.8-star Google rating**.

This **Sleep Therapy Guide** was created by our team to help you achieve the best possible health outcomes with your Positive Airway Pressure (PAP) therapy. Inside, you will find practical information, helpful tips, and resources to support your journey to better sleep and improved health.

HOW TO CONTACT OUR TEAM:

PHONE: 847-310-4730

FAX: 872-469-1673

CPAP SUPPLY ORDERS: 877-398-9336

ADDRESS: 1337 BASSWOOD ROAD, SCHAUMBURG, IL 60173

HOURS OF OPERATION: 8:30 a.m. - 5:00 p.m. Monday - Friday

DOCUMENT INFORMATION ABOUT EQUIPMENT AND SUPPLIES:

PAP THERAPY MACHINE: AUTO PAP CPAP
 AUTO BI-LEVEL BI-LEVEL BI-LEVEL ST
 BI-LEVEL STA BI-LEVEL ASV

PAP THERAPY MANUFACTURER: RESMED

SETTINGS: _____

CONNECTIVITY: MODEM

PAP THERAPY MASK MANUFACTURER: FISHER PAYKEL

RESMED RESPIRONICS

PAP THERAPY MASK NAME: _____

PAP THERAPY MASK STYLE: NASAL FULL FACE

PILLOWS OTHER

PAP PILLOW SIZE: _____

PAP CUSHION SIZE: _____

**TO ENSURE CONTINUED COVERAGE BY YOUR INSURANCE,
PLEASE SCHEDULE A FOLLOW-UP VISIT WITH YOUR DOCTOR
BASED ON YOUR CONDITION:**

Obstructive Sleep Apnea: between Day 31 and Day 90

Non-COPD Condition: between Day 61 and Day 90

COPD: no later than Day 180

Appointment Scheduled: _____

HOW YOUR CARE TEAM WORKS TOGETHER FOR YOU

At Prism Health Care Services, we believe the best outcomes happen when **you, your physician, and our team work together**. The responsibilities below outline how each party helps you succeed with your PAP therapy.

PRISM HEALTH CARE RESPONSIBILITIES:

- Provide **education and training** on your PAP equipment.
- Offer **ongoing support** to help you achieve and maintain compliance with therapy.
- Submit all **required medical documentation** to your insurance provider.
- Fulfill your **supply orders** in accordance with manufacturer recommendations and insurance guidelines.
- We monitor your therapy and alert you and your doctor if issues arise.
- Provide **training materials** to support your learning and direct you to our PAP Therapy Resources webpage www.prismhc.com/pap-therapy-resources
- Offer **guidance for urgent equipment issues**

PATIENT RESPONSIBILITIES:

- **Use your PAP device as prescribed in accordance with payer guidelines.**
- **Contact Prism Health Care if:**
 - You cannot find an answer in this guide or on our website.
 - You are having difficulty tolerating therapy.
 - You change your home address or medical insurance.
 - Your physician changes your equipment settings or mask.

HOW YOUR CARE TEAM WORKS TOGETHER FOR YOU - CONTINUED

- **Follow your supply replacement schedule** to ensure effective therapy and hygiene.
- Notify Prism if you **pause or discontinue therapy**.

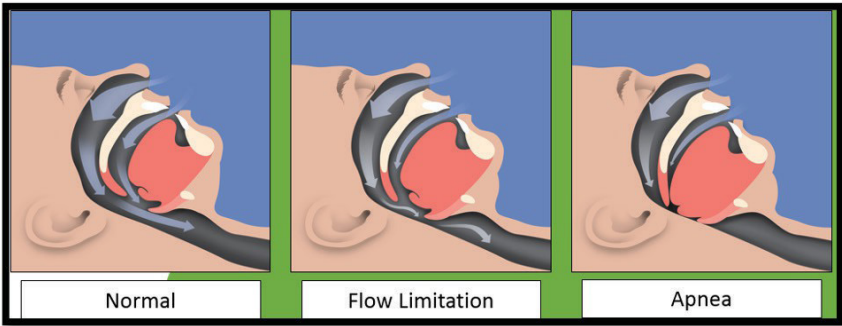
PRESCRIBING PHYSICIAN RESPONSIBILITIES:

- The physician is responsible for completing the follow up **face-to-face visit**. Additional details regarding the required timing of this visit can be found on the compliance section of this manual.
**Note: This requirement typically applies only to new PAP patients. If unsure, contact your insurance provider or our office. There is more information in the Compliance section in this manual.*
- Review your **therapy data** at follow-up visits to confirm effectiveness.
- Provide medical documentation as needed to Prism Health Care for insurance claims.
- Collaborate with Prism to update your therapy orders if adjustments are required.
- Issue an **annual prescription** for PAP supplies (most physicians require an annual visit).

Our shared goal is your success with PAP therapy. By working together, we can help you sleep better, breathe easier, and improve your overall health.

UNDERSTANDING OBSTRUCTIVE SLEEP APNEA

- Apnea: Your breathing completely stops for at least 10 seconds while you are sleeping.
- Hypopnea: Your breathing becomes very shallow or partially blocked, often with snoring.



UNDERSTANDING YOUR SLEEP SCORE: APNEA HYPOPNEA INDEX (AHI) SCORE

- Apnea-Hypopnea Index (AHI): A score that shows how many times per hour your breathing either stops or become shallow. This number helps your doctor understand the severity of your sleep apnea.

My AHI score: _____

AHI	RATING
< 5	Normal (No Sleep Apnea)
5-15	Mild Sleep Apnea
15-30	Moderate Sleep Apnea
> 30	Severe Sleep Apnea

WHY PAP THERAPY MATTERS FOR YOUR HEALTH

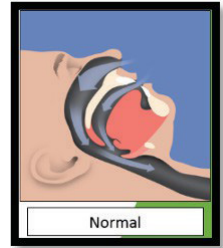
What benefits are you most interested in achieving?
Check all that apply.

- BETTER HEART HEALTH:** CPAP helps reduce stress on your heart by keeping oxygen levels steady while you sleep.
- IMPROVED MOOD:** Better sleep can help reduce irritability, stress, and symptoms of depression.
- MORE ENERGY:** Wake up refreshed and feel alert throughout the day.
- BETTER SLEEP:** Enjoy deeper, more restorative sleep every night.
- LOWER RISK OF DIABETES:** Proper sleep helps your body regulate blood sugar more effectively.
- WEIGHT MANAGEMENT:** Restful sleep can reduce cravings and support healthy metabolism.
- FEWER HEADACHES:** CPAP can help prevent morning headaches caused by low oxygen.
- STRONGER IMMUNE SYSTEM:** Better rest helps your body fight off illness.
- SAFER DRIVING & WORK PERFORMANCE:** Feeling alert reduces the risk of accidents and improves focus.

HOW PAP THERAPY HELPS YOU BREATHE & SLEEP BETTER

□ HOW CPAP HELPS:

- **Keeps airway open** – Supported by numerous studies showing CPAP prevents airway collapse and reduces apnea-hypopnea index (AHI).
- **Pressure is individualized** – Clinical guidelines (AASM, Medicare requirements) stress that proper pressure settings are key for effectiveness.
- **Consistent nightly use** – Research consistently shows adherence is the strongest predictor of improved outcomes: sleep quality, daytime alertness, and cardiovascular benefits.



□ HOW BI-LEVEL THERAPY HELPS:

- **Helps with breathing problems** – Evidence supports Bi-Level for patients who have trouble exhaling against CPAP, and for medical conditions such as COPD or neuromuscular disorders.
- **Dual pressure settings (inhale/exhale)** – This is the primary physiological benefit; it improves comfort and compliance.
- **Improves oxygenation and lung efficiency** – Clinical studies show it reduces Carbon Dioxide retention and improves blood oxygen, especially in complex respiratory patients.

CHOOSING THE RIGHT MASK — COMFORTABLE SLEEP STARTS HERE

Your mask is one of the most important parts of your sleep therapy. We are here to help you find the one that fits YOU best — so you can sleep better, feel better, and treat your condition effectively.

□ WHAT WE DO TO FIND YOUR BEST FIT

- Our team personally fits you for comfort, unless your doctor has prescribed a specific mask.
- We also **document a backup mask option** — so if you ever experience skin irritation, redness, or pressure marks, there's already a second choice ready to go.
- Before we approve a brand-new mask early (before the usual replacement period) we'll check three key things:
 1. Is your apnea-hypopnea index (AHI) under control?
 2. Is your mask leaking too much air?
 3. When did you last change the cushion or interface? These checks help us use **objective evidence** (not just guesswork) to make the best decisions for your treatment.
- **Magnet Mask Contraindication:** If you or your bed partner have any **implanted medical device** (e.g., pacemaker, defibrillator, aneurysm clip) or another device that may be affected by magnet-containing masks, tell us. Some masks use **small magnets** — we will pick a safe option if you have an implant.

□ BEST-PRACTICE TIPS FOR YOU

- **Be involved in the selection process.** The research shows patients do better when they help choose their mask style and are comfortable with it.

CHOOSING THE RIGHT MASK — CONTINUED

- **Start with a good fit and plan to fine-tune.** What feels right today might change over time (weight changes, pressure changes, skin sensitivity). If the mask leaks, causes marks, or wakes you up — let us adjust or switch.
- **If nasal breathing is blocked or you breathe through your mouth a lot,** you may need a full-face or hybrid mask instead of a nasal one. The wrong type may lead to leaks, higher pressures, and less effective therapy.
- **Use your mask every night.** Consistency is key. According to the American Academy for Sleep Medicine guidelines, education and early follow-up are strong recommendations for successful therapy.
- **Report any problems early.** If your skin starts to react, you have discomfort, leaks, or you notice you are unable to sleep the entire night with your mask, let us know. Early troubleshooting leads to better outcomes.

□ OUR PLEDGE TO YOU

We will partner with you — not just hand you a mask and walk away. We'll review your device data, monitor how you are doing, and adjust as needed. We believe that with the right mask and support, your therapy can be both comfortable and effective.

GETTING STARTED WITH RESMED myAir™

CONNECTING TO RESMED myAir™:

MyAir™ is a helpful tool and resource for patients using sleep therapy. It's an easy-to-use app that provides personalized feedback, tracks progress, and offers tips to help patients stay on track with their therapy.

PATIENTS CAN DOWNLOAD myAir™ ON MULTIPLE PLATFORMS:

- **Android devices:** Google Play Store
- **iPhone/iPad:** Apple App Store
- **Web:** myAir.resmed.com

For patients using the **AirSense 11 PAP**, myAir™ can connect via Bluetooth, allowing them to check mask fit and ensure therapy is effective.

With myAir™, patients have a convenient way to monitor their therapy, stay engaged, and optimize their sleep outcomes.

REGISTERING FOR CPAP OR BI-LEVEL DEVICE FOR myAir™

- ResMed AirSense 11 with modem: Use Bluetooth
- ResMed AirSense 10 with modem: Enter your PAP serial number in myAir™

BENEFITS AND FEATURES:

- Patients who use myAir™ achieve compliance by DAY 23 after starting therapy.
- Patients using myAir™ will be able to monitor:
 - Track Daily Usage
 - Mask Seal
 - Events per hour

GETTING STARTED WITH RESMED myAir™ — CONTINUED

NEW IN myAir™: MEET DAWN

- ❑ MyAir™ now has a virtual assistant named Dawn, available 24/7. Dawn can answer your questions in real time and share helpful videos and tips to guide you anytime, day or night.

TIPS FOR GETTING COMFORTABLE WITH YOUR PAP THERAPY

We recommend keeping a diary of any PAP therapy side effects to discuss with your Respiratory Therapy Compliance Coach or physician.

DOWNLOAD THE RESMED myAIR™ APP

- ❑ **Start slowly and gradually** - Begin using your device for short periods while awake, for 30 minutes while reading a book or watching TV to get used to the mask. This helps your body get used to the sensation of wearing a mask.
- ❑ **Create a consistent routine** - Use your device at the same time every night, ideally as part of your bedtime routine, to make therapy a habit and improve long term adherence.
- ❑ **Achievable goals** - set small, achievable goals to gradually increase your PAP therapy use.

PAP THERAPY QUICK REFERENCE GUIDE

Keep near your bedside. More information is available at prismhc.com PAP Therapy Resources

- ❑ **Humidity / Water in Hose**
 - Set humidifier temperature = home thermostat at bedtime. If home temp drops at night, match the new temp, or
 - Turn down humidifier to 4 or lower if needed.

□ Power / Device Issues

- Ensure PAP is plugged in.
- Check power brick: green light should turn on.
- If not, try another outlet; if still no light → replace power brick.
- If device still won't power on after verifying brick → device needs repair.

□ PAP Is Not Recording Data

- Check cell signal bars on PAP display.
- Unplug device 1 min and re-plug.
- Move device to another area if signal is weak.

□ Discomfort / Mask Issues

- Change mask cushions monthly; headgear every 3–6 months.
- Mask may feel bulky initially; most adjust in ~30 days.
- Call us for skin irritation or pressure marks.
- Adjust straps and headgear while lying down.

□ Mask Leak

- Ensure mask cushions are replaced monthly.
- Adjust or tighten mask straps and headgear.
- Wash mask daily; fit properly while lying down.

□ Dry / Stuffy Nose & Dry Mouth

- Turn on PAP humidity.
- Place a cool-mist humidifier at bedside.
- Over the counter remedies: Biotene, Xylimelts, Nasogel (consult doctor first).
- Nasal congestion remedies: Flonase, Nasacort, sinus rinses (consult doctor).
- Replace mask cushion monthly.
- Wash face and shave facial hair if needed before applying mask.

TIPS FOR GETTING COMFORTABLE WITH YOUR PAP THERAPY – CONTINUED

□ **Dry Mouth**

- Use chinstrap (physician order).
- Ensure proper mask fit to reduce mouth breathing.

□ **Aerophagia** (stomach bloating)

- Use firm or extra pillow for neck support.
- Persistent bloating → pressure may be too high → contact physician.

□ **Claustrophobia**

- Persistent claustrophobia → call our office: 847-310-4730 ext. 8230 to review other mask options

□ **Difficulty Tolerating Pressure**

- If the air pressure from your machine feels too strong or uncomfortable, adjust or add ramp time or talk with your doctor.
- Only your doctor can change your pressure settings. Do not try to adjust them on your own.

□ **Additional Tips:**

- Track symptoms daily to share with your physician.
- Most fixes involve mask fit, neck position, and consistent use.
- Full guidance and visual resources available at prismhc.com PAP Therapy Resource

HOW TO CLEAN AND CARE FOR YOUR PAP SUPPLIES

Ozone cleaners are not recommended for cleaning PAP supplies, as their use can damage the equipment and void the manufacturer's warranty.

DAILY CARE

- **Mask:**
 - **Clean the mask cushion:** Wash it with warm, soapy water. Use a mild soap without any fragrances or lotions.
 - **Rinse thoroughly:** Make sure to rinse all soap residue to avoid skin irritation.
 - **Dry:** Let the mask air dry completely on a clean towel away from direct sunlight.
 - **Do not use antibacterial products** or alcohol gel to disinfect.

- **Humidifier Chamber:**
 - **Empty the water:** Every morning, empty the remaining water in the humidifier chamber.
 - **Rinse:** Rinse the chamber with warm water to remove any residue.
 - **Distilled Water:** Only use distilled water in your humidifier chamber.

WEEKLY CARE

- **Mask and Headgear:**
 - **Deep clean:** Wash the entire mask, including the headgear, in warm, soapy water. Let it soak for a few minutes before rinsing thoroughly.
 - **Inspect:** Check for any signs of wear and tear or damage.

HOW TO CLEAN AND CARE FOR YOUR PAP SUPPLIES — CONTINUED

- **Humidifier Chamber:**
 - **Deep clean:** Wash with warm, soapy water. You can also use a mixture of one part vinegar to five parts water to disinfect and remove any mineral buildup.
 - **Rinse thoroughly:** Make sure all soap or vinegar residue is completely washed out.

- **Tubing:**
 - **Wash:** Use warm, soapy water and clean it thoroughly. **DO NOT** submerge the humidifier end of the heated tubing in water.
 - **Rinse:** Flush the tubing with clean water to remove all soap residue.
 - **Dry:** Hang the tubing over a towel rack or a similar place to air dry completely.

- **Filter:**
 - **Inspect and clean:** Disposable filters should be replaced according to manufacturer guidelines and/or when discoloration appears

HOW TO CLEAN AND CARE FOR YOUR PAP SUPPLIES - CONTINUED

MONTHLY CARE

- **Tubing:**
 - **Deep clean:** Use warm soapy water and clean it thoroughly. **DO NOT** submerge the humidifier end of the heated tubing in water.
 - **Rinse** thoroughly
 - **Dry:** Air dry completely before using.
- **Headgear and Chinstrap:**
 - **Inspect:** Check for signs of wear, elasticity loss, or damage.
- **Humidifier Chamber:**
 - **Inspect for damage:** Look for any cracks or signs of wear that could affect its performance.
- **Machine and Power Cord:**
 - **Wipe down:** Use a damp cloth to wipe down the exterior of the CPAP machine and power cord to remove any dust.
- **Filter:**
 - **Replace disposable filters:** Change disposable filters according to the manufacturer's recommendations, usually once a month.

By following this care schedule, you will ensure that your PAP supplies remain clean, functional, and effective, contributing to better overall PAP therapy and health.

PAP THERAPY COMPLIANCE FOR OBSTRUCTIVE SLEEP APNEA

INSURANCE REQUIREMENTS MADE SIMPLE

These are general PAP therapy guidelines aligned with Medicare requirements and commonly followed by most insurance providers. For your specific coverage rules, please check directly with your insurance company.

- INITIAL** compliance **PERIOD** for patients using pap therapy to treat Obstructive Sleep Apnea (OSA).

MEDICARE COVERAGE

<p>Medicare covers your PAP for the first 3 months.</p>	<p>Continued coverage beyond the first 3 months requires your doctor to confirm that you are benefiting from therapy and using your PAP regularly via an in person office event.</p>	<p>If you do not meet the required usage (compliance period), Medicare will stop payment.</p>
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YOUR RESPONSIBILITY

<ul style="list-style-type: none"> <input type="checkbox"/> Use your PAP device for at least 4 hours per night on 70% of nights (approximately 21 nights in any 30-day period) during the first 3 months. <input type="checkbox"/> Your device tracks usage, which will be reviewed by your doctor to confirm compliance. 	<ul style="list-style-type: none"> <input type="checkbox"/> Schedule an in-person clinical re-evaluation with your doctor no sooner than day 31 and no later than day 91 after starting PAP therapy. <input type="checkbox"/> Your doctor will check that your OSA symptoms have improved and review your usage data. <input type="checkbox"/> Appointment Date: ____/____/____ 	<ul style="list-style-type: none"> <input type="checkbox"/> If the usage requirements or the doctor's follow-up are not completed within this timeline, Medicare will stop paying for your PAP device and related supplies. You will be financially responsible for the device and associated supplies. For non-Medicare beneficiaries, consult with your medical insurance regarding your plan's specific compliance policy.
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*If Medicare has already covered your CPAP device for a 13-month rental period, and you are now receiving a second device through Medicare, you are not required to complete a new compliance period.

BI-LEVEL THERAPY COMPLIANCE FOR NON CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INSURANCE REQUIREMENTS MADE SIMPLE

These are general PAP therapy guidelines aligned with Medicare requirements and commonly followed by most insurance providers. For your specific coverage rules, please check directly with your insurance company.

- INITIAL** compliance **PERIOD** for patients using BI Level therapy to TREAT neuromuscular disorders, restrictive thoracic disorders, central or complex sleep apnea OR hypoventilation syndrome

MEDICARE COVERAGE

<p>Medicare covers your PAP for the first 3 months.</p>	<p>Continued coverage beyond the first 3 months requires your doctor to confirm that you are benefiting from therapy and using your PAP regularly.</p>	<p>If you do not meet the required usage (compliance period), Medicare will stop payment.</p>
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YOUR RESPONSIBILITY

<p><input type="checkbox"/> In the first 3 months, use your PAP device an average of 4 hours per 24-hour period by the time of the re-evaluation period.</p> <p><input type="checkbox"/> Your device tracks usage, which will be reviewed by your doctor to confirm compliance.</p>	<p><input type="checkbox"/> Schedule an in-person clinical re-evaluation with your doctor no sooner than day 61 and no later than day 91 after starting PAP therapy.</p> <p><input type="checkbox"/> Your doctor will check that your PAP device is improving your symptoms or breathing and review your usage data to confirm compliance.</p> <p><input type="checkbox"/> Appointment Date: ____/____/____</p>	<p><input type="checkbox"/> If the usage requirements or the doctor's follow-up are not completed within this timeline, Medicare will stop paying for your PAP device and related supplies. You will be financially responsible for the device and associated supplies. For non-Medicare beneficiaries, consult with your medical insurance regarding your plan's specific compliance policy.</p>
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BI-LEVEL THERAPY COMPLIANCE FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INITIAL EVALUATION PERIOD: FIRST 6 MONTHS

MEDICARE COVERAGE

<p>Medicare covers your BI-LEVEL THERAPY as a monthly rental for 180 days (6 months).</p>	<p>Medicare requires proof of use to continue coverage after 6 months. Proof of use is outlined in Your Responsibility Section</p>	<p>If you do not meet the required usage (compliance period), Medicare will stop payment.</p>
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YOUR RESPONSIBILITY

<p><input type="checkbox"/> Use your BI-LEVEL THERAPY for at least 4 hours/day for 21 days in a 30-day consecutive period in the first 6 months.</p> <p><input type="checkbox"/> Use Bi-Level Therapy IPAP > 15 cmH2O + Respiratory Rate > 14 bpm</p>	<p><input type="checkbox"/> Schedule your follow-up with your doctor BEFORE the 6 months end. Doctor will need to document therapy benefits and usage.</p> <p style="text-align: center;">Appointment Date: ____/____/____</p> <p><input type="checkbox"/> Doctor must document one or more of the following Normalization of ABG to <46, stabilization of rising ABG, or 20% reduction in baseline ABG, or improvement of at least one of the following symptoms; headache, fatigue, shortness of breath, confusion or sleep quality.</p>	<p><input type="checkbox"/> If the usage requirement AND follow up appointment before the 6-month period are not met, Medicare may no longer cover the cost, and you would need to pay \$334.98 per month to keep PAP therapy and additional expense for the PAP supplies.</p>
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BI-LEVEL THERAPY COMPLIANCE FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE - CONTINUED

IMPORTANT INFORMATION

<p>Contact us if you experience:</p> <ul style="list-style-type: none"> - Mask problems - Pressure discomfort - Humidification issues - Equipment malfunction 	<p>Prism Health Care and your doctor track your usage monthly and will help you succeed</p>	<p>Call us Monday-Friday 8:30 a.m.-5:00 pm 847-310-4730 for support. 24-Hour on-call for equipment emergencies.</p>
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SECOND EVALUATION PERIOD: MONTHS 7-12

MEDICARE COVERAGE	YOUR RESPONSIBILITY	IF MONTHLY USAGE IS NOT MET
<p>EACH MONTH Use BI-LEVEL THERAPY \geq 4 hours/day on 70% of days/month (e.g., 21 out of 30 days).</p>	<p>Keep using your device as prescribed.</p>	<p>Medicare will stop payment, and you would need to pay \$334.98/month and your associated supplies.</p>

PAP SUPPLY REPLACEMENT

No sooner than 30 days after your admission, you can establish a rapid reorder account. Please follow these simple steps:

- ❑ After 30 days has elapsed, call 877-398-9336 to place your first order with the SNAP resupply program.
- ❑ The customer service representative will provide you with the option to place your order via the phone or send you an email link to place your first order.
- ❑ After your first order is complete, you may then choose to use the email link to sign up for our PAP Resupply Rapid Reorder portal or the app using the link <https://portal.snapworx.com/Account/SignIn> or with the QR code below.
- ❑ For future orders, you will receive notifications based on the preference you have selected, e.g., phone call, emails or text.
- ❑ Notifications are activated based on your medical insurance supply fulfillment allowed frequency.
- ❑ Contact us at 877-398-9336 for assistance or additional information.
- ❑ Download the SNAP resupply app today for quick and easy supply fulfillment access.

SNAP
Resupply



Supply Reorders Made Easy
[Click here or Scan the QR Code](#)
to Download our App Today

OR

- ❑ Call 1-877-398-9336 to place your supply order.

PAP SUPPLY REPLACEMENT - CONTINUED

MEDICARE, MEDICAID AND PRIVATE HEALTH INSURANCE PAP SUPPLY FULFILLMENT SCHEDULES

Description	Maximum Quantity Allowed for Medicare and Private Insurance	Quantity Allowed Medicaid Managed Care Organization
Full Face Mask	1 Every 90 Days	1 Every 180 Days
Full Face Cushion	1 Every 30 Days	1 Every 365 Days
Nasal Cushion	2 Every 30 Days	2 Every 60 Days
Nasal Pillow	2 Every 30 Days	2 Every 60 Days
Nasal Mask	1 Every 90 Days	1 Every 180 Days
Headgear	1 Every 180 Days	1 Every 180 Days
Chinstrap	1 Every 180 Days	1 Every 180 Days
Standard Tubing	1 Every 90 Days	1 Every 180 Days
Disposable Filters	2 Every 30 Days	2 Every 30 Days
Non- Disposable Filter	2 Every 180 Days	1 Every 180 Days
Water Chamber	1 Every 180 Days	1 Every 120 Days
Heated Tubing	1 Every 90 Days	1 Every 180 Days

THANK YOU FOR CHOOSING PRISM HEALTH CARE SERVICES

We realize this is a lot of information to take in. Please keep this manual handy to use as a look back reference. Best wishes on starting therapy. Do not hesitate to contact our team for questions and support.

Notes: _____



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