



**MEDICARE**

Part A Intermediary  
Part B Carrier

August 2, 2007

Beth Guevara  
Manager Reimbursement Planning  
Respironics, Inc.  
Sleep and Home Respiratory Group  
1740 Golden Mile Highway  
Monroeville, PA 15146

Re: BiPAP autoSV with SmartCard (Core Package) (Model 1040716)

Dear Ms. Guevara:

This letter is in response to your recent inquiry for coding verification of the above listed product(s) manufactured and/or distributed by your company. The Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) has reviewed the documentation and information submitted for HCPCS Coding. The SADMERC conducts reviews of products to determine the correct HCPCS code(s) of DMEPOS product(s) for Medicare billing.

It is our determination that the Medicare HCPCS code(s) to bill the four Durable Medical Equipment Regional Carriers (DMERCs) is/are:

**E0471 Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device).**

**A9279 Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified.**

**E0562 Humidifier, heated, used with positive airway pressure device.**

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC. Any modifications to the product(s) could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to the product(s) should in no way be construed as an approval or endorsement of the product(s) by SADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

**Palmetto GBA**

Statistical Analysis Durable Medical Equipment Regional Carrier  
Post Office Box 100143 • Columbia, South Carolina • 29202-3190

**A CMS Contracted Intermediary and Carrier**

Should you disagree with this coding decision, a re-review of the product(s) can be initiated. The SADMERC will provide a re-review if the request is made within 45 days of the date of this letter and additional documentation is provided supporting the request. If a request for a re-review is made after 45 days, the request is treated as a new Coding Verification Review and a complete application must be submitted along with the additional documentation supporting the request.

Should you have any questions regarding this decision, please contact me at the address below or by telephone at (803) 763-8707.

Sincerely,



Bobbie Taylor, RN  
HCPCS Medical Analyst  
SADMERC