



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

September 9, 2004

Beth Guevara
Manager, Reimbursement Planning
Respironics, Inc.
5250 Logan Ferry Road
Murrysville, PA 15668-9727

Re: BiPAP Pro 2 with Bi-Flex Bi-Level System (Model 1012986)
BiPAP Plus Bi-Level System (Model 1017338)

Dear Ms. Guevara:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on September 7, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the above listed products meet the description for a BiPAP as defined in the DMERC Medical Policy for Respiratory Assist Device. Therefore, the correct Medicare billing code(s) for the above listed product(s) is/are:

E0470 Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device used with continuous positive airway pressure device).

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC and four DMERCs. Any modifications to this product could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to this product should in no way be construed as an approval or endorsement of this product 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

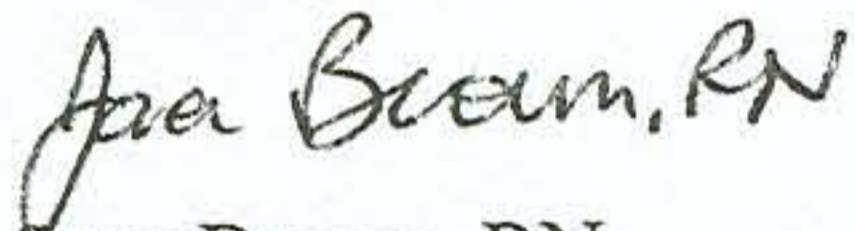
Statistical Analysis Durable Medical Equipment Regional Carrier
Post Office Box 100143 • Columbia, South Carolina • 29202-3143

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.

If you have any questions regarding this coding decision, please contact me at the address below or by telephone at (803) 763-1639.

Sincerely,



Jana Brown, RN
HCPCS Medical Analyst
SADMERC

cc: DMERCs