



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

February 6, 2007

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

Re: ComfortGel Silicone Comfort Flap (Models 1009052, 1009053, 1009054, 1009109)
ComfortGel Gel Cushion (Models 1009048, 1009049, 1009050, 1009051)

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 re-reviewed the documentation and information submitted for HCPCS Coding. The SADMERC conducts re-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:

A7032 Cushion for use on nasal mask interface, replacement only, each for Models 1009052+1009048, 1009053+1009049, 1009054+1009050, 1009109+1009051.

A9900 Miscellaneous DME supply, accessory, and/or service component of another HCPCS code, when provided on initial issue for Models 1009052, 1009053, 1009054, 1009109.

A9999 Miscellaneous DME supply or accessory, not otherwise specified, when provided as a replacement, for Models 1009052, 1009053, 1009054, 1009109.

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 • 29202-3143

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.

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