

**Centers for Medicare & Medicaid Services (CMS) Public Agenda Payment
and Coding Determinations for New Durable Medical Equipment
Tuesday, June 29, 2004
CMS Auditorium
7500 Security Boulevard
Baltimore (Woodlawn), Maryland 21244-1850**

8:15 a.m. Arrival and sign-in

9:00 a.m. Welcome
Background and purpose of meeting
Meeting Format and Ground Rules

For each agenda item, a written overview of the request and CMS's preliminary coding recommendation to the HCPCS National Panel, as well as an overview of Medicare pricing/payment methodology related to the product, is provided in this agenda. Meeting participants will hear presentations about the agenda item from the registered primary speaker and other speakers (if any). Presentations will be followed by an opportunity for questions regarding that particular agenda item.

AGENDA ITEM # 1

Request #'s 04.97-04.103 for codes for power wheelchairs, combined as a single agenda item. Please note that power wheelchair code requests #04.97 thru #04.103 have been combined into one agenda item. CMS is currently considering recommending revisions to the HCPCS codes for power wheelchairs in general. Herb Kuhn, Director, CMM provided testimony to Congress regarding this matter. His testimony is available on CMS' website at www.cms.hhs.gov/media/press/testimony.asp?counter=1025. We plan to have a public forum later this year (to be announced) that will be dedicated to obtaining input on our proposed power wheelchair codes. At that time, a more thorough discussion of coding for power wheelchairs will take place. In the meantime, the one agenda item will allow for brief comments on the seven power wheelchair code requests identified above.

-Attachment #04.97

Request to establish a code for a non-modular powered wheelchair, Trade Name: Quickie V-121.

-Attachment #04.98

Request to establish a code for a general-purpose modular powered wheelchair, Trade Name: Pronto M51.

-Attachment #04.99

Request to establish a code for a positioning modular powered wheelchair, Trade Name: Storm Torque SP 3GT QSPR2 AA.

-Attachment #04.100

Request to establish a code for a multi-function positioning modular powered wheelchair, Trade Name: Chairman Entra Corpus.

-Attachment #04.101

Request to establish a code for an active performance modular powered wheelchair, Trade Name: Quickie 222SE.

-Attachment #04.102

Request to establish a code for a heavyweight capacity powered wheelchair, Trade Name: Chairman HD3.

-Attachment #04.103

Request to establish a code for an adult powered wheelchair-not otherwise classified,

AGENDA ITEM # 2

Attachment #04.88

Request to establish a code for a manual assist wheelchair, trade name: Independence® iGlide™.

AGENDA ITEM # 3

Attachment #04.06

Request to establish a code for transport chairs, trade names: Endurance® 20” Heavy Duty Transport Chair & Endurance 22” Heavy Duty Transport Chair.

AGENDA ITEM # 4

Attachment #04.79

Request to establish a code for an “extremely lightweight” (under 20 pounds), custom-fitted, titanium manual wheelchair, request that code include chairs up to 21.5 pounds, trade name: TiLite.

AGENDA ITEM # 5

Attachment #04.162

Request to establish a code for a wheelchair accessory, low pressure and positioning equalization pad for a wheelchair, trade name: Saddle Seat.

AGENDA ITEM # 6

Attachment #04.78

Request to establish a code for a wheelchair accessory, temperature management and stability wheelchair cushion, trade name: ComforT.

AGENDA ITEM # 7

Attachment #04.56

Request to establish a code for a wheelchair back, trade name: K-Special Back.

AGENDA ITEM # 8

Attachment #04.69

Request to establish a code for an ergonomic wheelchair handrim, trade name: Natural-Fit™ Handrim.

AGENDA ITEM # 9

Attachment #04.73

Request to establish a code for a single levered wheelchair rear wheel locking mechanism, trade name: Flex-Premium Wheelchair Immobilizing System.

AGENDA ITEM # 10

Attachment #04.91

Request to establish a code for an electric hub motor drive, trade name: E-fix.

AGENDA ITEM # 11

Attachment #04.75

Request to establish a code for a wheelchair accessory, pelvic positioning belt.

AGENDA ITEM # 12

Attachment #04.74

Request to establish a code for a wheelchair accessory, rigid foot positioning support.

AGENDA ITEM # 13

Attachment #04.90A&B

Request to establish 2 codes; one for a dynamic stander, trade name: Rabbit and one for a three-way stander, trade name: Gazelle PS.

AGENDA ITEM # 14

Attachment #04.95A,B&C

Request to establish 3 HCPCS codes for gait trainers, trade names: posterior support Gator (Snug Seat), full upright support Gator Gait Trainer Complete (Snug Seat), and forward leaning Bronco Gait Trainer (Snug Seat).

AGENDA ITEM # 15

Attachment #04.163

Request to establish a code for a gait harness system, trade name: Second Step Gait Harness System.

Attachments:

- HCPCS Request summary sheets for each agenda item, including preliminary coding and payment recommendations.
- Memo to DME Public Meeting participants re: CMS' new, non-smoking campus policy.
- "Payment For Durable Medical Equipment" explanatory document, by Joel Kaiser, CMS.
- Procedures for Public Meetings For New Durable Medical Equipment (DME).

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item # 1, Attachment #04.97

Topic/Issue: Request to establish a code for a non-modular powered wheelchair, Trade Name: Quickie V-121.

Background/Discussion: Sharon Hildebrandt, of the National Coalition for Assistive and Rehab Technology, has submitted a request to establish a code for a non-modular powered wheelchair, Trade Name: Quickie V-121. According to the applicant, the Quickie V-121 is a traditional powered wheelchair with a fixed or folding, tubular design frame. It is appropriate for a patient who requires powered mobility but does not require any specialized seating other than possibly a cushion for support and pressure reduction. The folding cross or rigid base configuration has up to a 250-pound patient weight capacity. It has an integrated non-positioning seat with folding brace, frame or rigid base, inclusive of seat and back upholstery. Armrests are fixed height removable or fixed height flip-up non-removable. There is a proportional joystick with speed, acceleration and braking adjustments, and swing-away footrests or center-mount footplate.

According to the applicant, this item was brought to market on December 4, 1997. This item is used 100% of the time in the patient's home by the patient.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Due to ongoing work at CMS re: wheelchair coding, no interim changes. Code based on existing descriptors. Use existing code K0012 lightweight portable motorized/power wheelchair.

Payment: Power wheelchairs fall under the capped rental payment category (HCPCS pricing indicator = 36) but can also be purchased. The national, monthly rental fee schedule ceiling for K0012 for the first 3 rental months is currently \$324.92 and the floor is \$276.18. The rental fee schedule amounts for months 4 through 15 are reduced by 25 percent. The purchase fee schedule amounts are equal to the rental amount paid in the first month multiplied by 10 (e.g., \$3,249.20).

Attachment #04.98

Topic/Issue: Request to establish a code for a general-purpose modular powered wheelchair, Trade Name: Pronto M51.

Background/Discussion: Sharon Hildebrandt, of the National Coalition for Assistive and Rehab Technology, has submitted a request to establish a code for a general-purpose modular powered wheelchair, Trade Name: Pronto M51. According to the applicant, this product is designed to meet the needs of individuals who require powered mobility and also have single-plane, fixed orthopedic deformities that require posterior support. These powered wheelchairs accommodate for these deformities by allowing for a range of seat-to-back angle settings. These chairs also allow a seating surface to floor height that can be set to meet the patient's specific functional needs. The modular power base has up to a 250-pound patient weight capacity. It is a basic positioning seat with adjustments limited to back angle adjustment \geq degrees and seat height adjustment \geq 2". Armrests are fixed height removable or fixed height flip-up non-removable. There is a proportional joystick with speed, acceleration and braking adjustments, and swing-away footrests or center-mount footplate.

According to the applicant, this item was brought to market on June 1, 2002. This item is used 100% of the time in the patient's home by the patient.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Due to on going work at CMS re: wheelchair coding, no interim changes. Code based on existing descriptors. Use existing code K0011 standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking.

Payment: Power wheelchairs fall under the capped rental payment category (HCPCS pricing indicator = 36) but can also be purchased. The national, monthly rental fee schedule ceiling for K0011 for the first 3 rental months is currently \$529.65 and the floor is \$450.20. The rental fee schedule amounts for months 4 through 15 are reduced by 25 percent. The purchase fee schedule amounts are equal to the rental amount paid in the first month multiplied by 10 (e.g., \$5,296.50).

Attachment #04.99

Topic/Issue: Request to establish a code for a positioning modular powered wheelchair, Trade Name: Storm Torque SP 3GT QSPR2 AA.

Background/Discussion: Sharon Hildebrandt, of the National Coalition for Assistive and Rehab Technology, has submitted a request to establish a code for a positioning modular powered wheelchair, Trade Name: Storm Torque SP 3GT QSPR2 AA. According to the applicant, this code will identify products that can accommodate more aggressive postural seating support, allowing the mounting of secondary positioning components to meet patient's physiologic and functional needs. They also meet the needs of patients who cannot operate a powered wheelchair using a traditional joystick control interface by accommodating an alternative means of controlling the movements of the powered wheelchair. They also accommodate the patient who is unable to perform independent weight shifts, or for whom a cushion alone does not provide adequate pressure by accepting the addition of one powered seating system. This modular power base configuration has up to a 250-lb weight capacity. It has an advanced positioning seat that is designed to accommodate a full range of positioning components including seat insert, back insert, lateral supports, headrest, and other seating items. Armrests are fixed height removable or fixed height flip-up non-removable. There is a proportional joystick with speed, acceleration and braking adjustments, and swing-away footrests or center-mount footplate.

According to the applicant, this item was brought to market in January of 2001. This item is used 100% of the time in the patient's home by the patient.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Due to on-going work at CMS re: wheelchair coding, no interim changes. Code based on existing descriptors. Use existing code K0011 standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking.

Payment: Power wheelchairs fall under the capped rental payment category (HCPCS pricing indicator = 36) but can also be purchased. The national, monthly rental fee schedule ceiling for K0011 for the first 3 rental months is currently \$529.65 and the floor is \$450.20. The rental fee schedule amounts for months 4 through 15 are reduced by 25 percent. The purchase fee schedule amounts are equal to the rental amount paid in the first month multiplied by 10 (e.g., \$5,296.50).

Attachment #04.100

Topic/Issue: Request to establish a code for a multi-function positioning modular powered wheelchair, Trade Name: Chairman Entra Corpus.

Background/Discussion: Sharon Hildebrandt, of the National Coalition for Assistive and Rehab Technology, has submitted a request to establish a code for a multi-function positioning modular powered wheelchair, Trade Name: Chairman Entra Corpus. According to the applicant, the design intent for this category of products accommodates at least two power-seating functions, e.g. power tilt and recline. In order to accommodate multiple power seating functions, the power wheelchairs included in this code represent a distinctly different technology that incorporates structural and other design changes that enhance stability and performance to meet these added demands. Products in this code also accommodate the needs of a client who requires ventilator and/or other respiratory technology by providing appropriate on chair mounting of this equipment

According to the applicant, this product was brought to market in November of 1999. This item is used 100% of the time in the patient's home by the patient.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Due to on-going work at CMS re: wheelchair coding, no interim changes. Code based on existing descriptors. Use existing code K0014 other motorized/power wheelchair base.

Payment: Claims for items billed using code K0014 (Other Motorized/Power Wheelchair Base) are paid in accordance with the fee schedule payment methodology; however, a fee schedule is not established for the HCPCS code because it is used for miscellaneous and varying items. The DMERCs establish local fee schedule amounts for groups of like items that are coded using K0014. Items coded as K0014 fall under the capped rental payment category (HCPCS pricing indicator = 36) but can also be purchased.

Attachment #04.101

Topic/Issue: Request to establish a code for an active performance modular powered wheelchair, Trade Name: Quickie 222SE.

Background/Discussion: Sharon Hildebrandt, of the National Coalition for Assistive and Rehab Technology, has submitted a request to establish a code for an active performance modular powered wheelchair, Trade Name: Quickie 222SE. According to the applicant, the powered wheelchairs represented in this code contain most of the features in the positioning modular power wheelchair and multi-function, positioning power wheelchair codes but incorporate specific design and technology characteristics that allow for increases in the functional capability of the wheelchair, including: added speed, enhanced negotiation of uneven and rough terrain, increased incline climbing performance and obstacle climbing.

According to the applicant, this item was brought to market in August of 2003. This item is used 100% of the time in the patient's home by the patient.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Due to on-going work at CMS re: wheelchair coding, no interim changes. Code based on existing descriptors. Use existing code K0011 standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking.

Payment: Power wheelchairs fall under the capped rental payment category (HCPCS pricing indicator = 36) but can also be purchased. The national, monthly rental fee schedule ceiling for K0011 for the first 3 rental months is currently \$529.65 and the floor is \$450.20. The rental fee schedule amounts for months 4 through 15 are reduced by 25 percent. The purchase fee schedule amounts are equal to the rental amount paid in the first month multiplied by 10 (e.g., \$5,296.50).

Attachment #04.102

Topic/Issue: Request to establish a code for a heavyweight capacity powered wheelchair, Trade Name: Chairman HD3.

Background/Discussion: Sharon Hildebrandt, of the National Coalition for Assistive and Rehab Technology, has submitted a request to establish a code for a heavyweight capacity powered wheelchair, Trade Name: Chairman HD3. According to the applicant, the power wheelchairs included in this code are specifically designed to accommodate more than 400 pounds, but less than 500 pounds. This weight requirement is not available as add-on or adaptation of the chairs included in the previous codes. To accommodate the additional weight capacity, these chairs incorporate specific parameters in structural, electronic and motor design.

According to the applicant, this item was brought to market in July of 2000. This item is used 100% of the time in the patient's home by the patient.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Due to on-going work at CMS re: wheelchair coding, no interim changes. Code based on existing descriptors. Use existing code K0014 other motorized/power wheelchair base.

Payment: Claims for items billed using code K0014 (Other Motorized/Power Wheelchair Base) are paid in accordance with the fee schedule payment methodology; however, a fee schedule is not established for the HCPCS code because it is used for miscellaneous and varying items. The DMERCs establish local fee schedule amounts for groups of like items that are coded using K0014. Items coded as K0014 fall under the capped rental payment category (HCPCS pricing indicator = 36) but can also be purchased.

Attachment #04.103

Topic/Issue: Request to establish a code for an adult powered wheelchair-not otherwise classified, Trade Name: Adult powered wheelchair-not otherwise classified.

Background/Discussion: Sharon Hildebrandt, of the National Coalition for Assistive and Rehab Technology, has submitted a request to establish a code for an adult powered wheelchair-not otherwise classified, Trade Name: Adult powered wheelchair-not otherwise classified. These would include adult powered wheelchairs that do not currently fit into existing code categories.

According to the requestor, the market date of these items varies from product to product, but have all been on the market for well over six months. These items are used 100% of the time in the patient's home by the patient.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Due to on-going work at CMS re: wheelchair coding, no interim changes. Code based on existing descriptors. Use existing code K0014 other motorized/power wheelchair base.

Payment: Claims for items billed using code K0014 (Other Motorized/Power Wheelchair Base) are paid in accordance with the fee schedule payment methodology; however, a fee schedule is not established for the HCPCS code because it is used for miscellaneous and varying items. The DMERCs establish local fee schedule amounts for groups of like items that are coded using K0014. Items coded as K0014 fall under the capped rental payment category (HCPCS pricing indicator = 36) but can also be purchased.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item # 2, Attachment #04.88

Topic/Issue: Request to establish a code for a manual assist wheelchair, trade name: Independence® iGlide™.

Background/Discussion: Diane Frances of Independence Technology submitted a request to establish a code for a manual assist wheelchair, trade name: Independence® iGlide™. According to the applicant, iGlide is designed for easy transport, with quick-release wheels, battery removal and fold-down seatback. The iGlide manual assist wheelchair incorporates a discreet, built-in, under-the-seat system that provides the user with power assistance. iGlide's integrated software and battery-powered, lightweight motor helps drive the rear wheels of the wheelchair on a variety of different surfaces and terrains, resulting in augmented wheeling. It uses a series of sensors and microprocessors that provide motorized assistance in direct correlation to the needs of the ultralight weight manual wheelchair. iGlide senses the user's input and the surface traversed and automatically determines the appropriate level of additive power needed even when ascending or descending ramps or crossing resistive surfaces. As a result, iGlide relieves stresses to the user's upper extremities by removing the effect of weight, both of the wheelchair and user, when propelling the wheelchair. The frame, power source and wheels of iGlide are an integrated system; therefore they cannot be sold separately.

According to the applicant, this product has been on the market since May 2003. This item is used 100% of the time in the patients' homes.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: To use existing code K0004 to identify the wheelchair and revise existing code E0986 to read: Manual wheelchair accessory, push activated power assist, each. Use revised E0986 to identify the power assist device.

Payment: Code K0004 falls under the capped rental payment category (HCPCS pricing indicator = 36). The national, monthly rental fee schedule ceiling for K0004 for the first 3 rental months is currently \$133.64 and the floor is \$113.59. The rental fee schedule amounts for months 4 through 15 are reduced by 25 percent. Code E0986 falls under the payment category for inexpensive or routinely purchased items (HCPCS pricing indicator = 32). The national, purchase fee schedule ceiling for E0986 is currently \$4,864.24 and the floor is \$4,134.60. The national, monthly rental fee schedule ceiling for E0986 is currently \$486.43 and the floor is \$413.47.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item# 3, Attachment #04.06

Topic/Issue: Request to establish a code for transport chairs, trade name: Endurance® 20” Heavy Duty Transport Chair & Endurance 22” Heavy Duty Transport Chair.

Background/Discussion: Carol Ann Hoepner of Essential Medical Supply, Inc. submitted a request to establish a code for transport chairs, trade name: A) Endurance® 20” Heavy Duty Transport Chair & B) Endurance 22” Heavy Duty Transport Chair. According to the applicant, the Endurance is used to transport obese and bariatric users who are unable to self-propel in a heavy duty wheelchair due to medical conditions or diminished lung capacity and musculature. This chair has smaller rear wheels than other wheelchairs, which make the chair easier to transport in a vehicle as well as weighing 10 to 20 lbs less than standard wheelchairs. Endurance has removable desk arms that make transfer from a bed to the chair simple for patients who can not use their legs at all. Those who have use of their legs are able to self-propel the chair if they desire without a caretaker present.

According to the applicant, the Endurance is 510k exempt and has been on the market since October 2002. This item is used 2% of the time in physician’s offices, 3% in ambulatory care clinics, 80% in the patient’s homes, 10% in nursing facilities, and 5% in inpatient facilities.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: To establish a new “E” code.

E???? Transport chair, heavy duty, patient weight capacity 400 pounds or greater.

Payment: Code E???? would fall under the capped rental payment category (HCPCS pricing indicator = 36). If covered, payment would be made on a rental basis. The rental fee schedule amounts would be gap-filled by the DMERCs.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item # 4, Attachment #04.79

Topic/Issue: Request to establish a code for an extremely lightweight, custom-fitted, titanium manual wheelchair, trade name: TiLite.

Background/Discussion: Richard Forman of TiSport, LLC submitted a request to establish a code for an extremely lightweight (sub 20 pound), custom-fitted, titanium manual wheelchair, trade name: TiLite. According to the applicant, TiLite is a sub-20lb manual wheelchair designed to provide wheelchair users with the maximum degree of independence and flexibility. They are designed to permit persons who have lost motor control of their lower limb, or lost those limbs, to ambulate without assistance. TiLite is generally used for patients that have upper extremity weakness, decreased range of motion, spasticity and/or poor endurance. TiLite reduces the risk of secondary injuries for wheelchair users by way of easier self-propulsion. There are two types of manual wheelchairs: folding frame and rigid frame. The additional components necessary to permit a wheelchair frame to fold add approximately 1.5 lbs. to the weight of the wheelchair. Therefore, the new sub-20 lb. Manual wheelchair can actually weigh as much as 21.5 lbs.

According to the applicant, this product has been on the market since May 1999. This item is used 100% of the time in the patient's homes.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: To use existing code K0005 ultralightweight wheelchair. There is no functional change to the base device. Insufficient substantiating peer-reviewed evidence of difference in function or patient outcome as a result of a specific, incremental difference in chair weight.

Payment: Code K0005 falls under the payment category for inexpensive or routinely purchased items (HCPCS pricing indicator = 32). The national, purchase fee schedule ceiling for K0005 is currently \$1,848.76 and the floor is \$1,571.45. The national, monthly rental fee schedule ceiling for K0005 is currently \$184.86 and the floor is \$157.13.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item # 5, Attachment #04.162

Topic/Issue: Request to establish a code for a wheelchair accessory, low pressure and positioning equalization pad for a wheelchair, trade name: Saddle Seat.

Background/Discussion: Gail Falzon of Skillbuilders submitted a request to establish a code for a low pressure and positioning equalization pad for a wheelchair, trade name: Saddle Seat. According to the applicant, Saddle seat is a wheelchair cushion used for the comfort, safety and positioning needs of patients. Its provides raised front prevents forward thrust to prevent sliding and the elevated side edges improves lateral stability and prevents leaning. The leg troughs promote proper thigh alignment and postural symmetry. Saddle seat's missing u-shape relieves pressure on the coccyx bone helping to prevent decubitus ulcers while promoting sitting comfort. The spray coating is incontinent proof, fire-retardant, and does not allow skin damage by friction shearing. This material is easy to clean and the patient's are not able to slide around on the material. Saddle seat's large abductor prevents sliding, leg scissoring and promotes proper hip joint alignment thus preventing contractures. Saddle seat provides long-term seating comfort with low pressure soft foam and positioning equalization for postural stability.

According to the applicant, this product was on the market in 1993 and 1994. However, the product is not currently marketed. This item is used 3% of the time in the patients' homes and 97% in nursing facilities.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Use existing code E0190 Positioning cushion/pillow/wedge, any shape or size.

Payment: This item is not covered; therefore, no payment determination is necessary.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item# 6, Attachment #04.78

Topic/Issue: Request to establish a code for a wheelchair accessory, temperature management and stability wheelchair cushion, trade name: ComforT.

Background/Discussion: Cariann Hogin of Otto Bock submitted a request to establish a code for a temperature management and stability wheelchair cushion, trade name: ComforT. According to the applicant, ComforT is a relieving cushion, containing phase change materials, which reduce heat build-up. These phase change materials allow controlled heat absorption to maintain the proper skin temperature. They function by absorbing heat while melting from the solid phase to the liquid phase. The phase change materials recharge when left in a normal room temperature environment while not in use. It has a foam base with integrated ethafoam rails and an anterior wedge for forward and lateral stability. The rigid foam base provides a stability platform upon which the cushioning foam and specialized cushioning bladders can be arranged to create a customizable seating surface that maximized the users functionality by properly locating and supporting the pelvis and other bony structures while at the same time providing maximized skin protection through reduction of the compressive forces applied to the skin. ComforT helps prevent skin tissue stress related to wheelchair cushion heat that is trapped at the cushion/body interface and maintains the skin's physiological temperature throughout a normal day use. It also provides a method to customize the cushion to maximize positioning and stability, thus improving user functionality in normal daily activities.

According to the applicant, this product has been on the market since October 2002. This item is used 96% of the time in the patients' homes, 1% in nursing facilities, 2% in inpatient facilities, and 1% in outpatient facilities.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: After testing and evaluation, this product will be assigned to one of the K codes in the new wheelchair accessory code series (effective 7/1/04). Contact the SADMERC for code assignment for the purpose of billing Medicare. Similarly, contact other payers to determine appropriate coding for submission of claims in their jurisdiction.

Payment: The K codes in the new wheelchair accessory code series (K0650 thru K0669) fall under the payment category for inexpensive or routinely purchased items (HCPCS pricing indicator = 32). We plan to establish fee schedule amounts for these codes as part of the October quarterly update to the DMEPOS fee schedule. In the meantime, the DMERCs are paying claims for these items using local fee schedule amounts.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item# 7, Attachment #04.56

Topic/Issue: Request to establish a code for a wheelchair back, trade name: K-Special Back.

Background/Discussion: Rudy DeGroot of BXL International Sales Inc. submitted a request to establish a code for a wheelchair back, trade name: Innovators. According to the applicant, the K-Special back is a wheelchair back with a special designed pocket made of a pliable and breathable nylon material. It accommodates the common condition of mild to moderate Kyphosis and Scoliosis. The special back has a unique designed pocket provides comfort, tissue integrity management, lateral and lumbar support. K-special back fits onto wheelchairs of various sizes and designs, and used like other backs.

According to the applicant, this product has been on the market since 1997. This item is used 1% of the time in physician's offices, 3% ambulatory care clinics, 11% in the patients' home, 80% nursing homes, and 5% in inpatient and outpatient facilities.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: To use existing code E0982 Wheelchair accessory, back upholstery, replacement only, each. Use of K0108 for Medicare is inappropriate.

Payment: Code E0982 falls under the payment category for inexpensive or routinely purchased items (HCPCS pricing indicator = 32). The national, purchase fee schedule ceiling for E0982 is currently \$51.53 and the floor is \$43.80. The national, monthly rental fee schedule ceiling for E0982 is currently \$5.15 and the floor is \$4.38.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item # 8, Attachment #04.69

Topic/Issue: Request to establish a code for an ergonomic wheelchair handrim, trade name: Natural-Fit™ Handrim.

Background/Discussion: David Boninger, Ph.D. of Three Rivers Holdings, LLC submitted a request to establish a code for an ergonomic wheelchair handrim, trade name: Natural-Fit™ Handrim. According to the applicant, Natural Fit is a wheelchair handrim designed to fit the human hand, increase propulsion efficiency, and reduce fatigue, pain, and injury associated with the long-term use of a manual wheelchair. It reduces stress on the arm, which helps to extend the time a person can remain in a manual wheelchair. The design of the Natural Fit provides a superior grip for the user's hand, enhancing the efficiency of both propulsion and braking. Natural-Fit has three critical design features: a contoured trough, a strip of high-friction coating on the contoured thumb area, and an oval-shaped handrim that expands the size of the propulsion, braking and gripping surface. The thumb and oval components are made of lightweight aluminum and weigh 1.6lbs. combined. The oval portion is hard anodized for smooth braking, and the thumb area is powder coated for higher friction. Natural Fit is manufactured in to fit different size wheels and will attach to existing wheelchairs using a rivet nut mount or a tab mount.

According to the applicant, this item has been on the market since June 2003. This item is used 100% of the time in the patient's homes.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Discontinue K0059, K0060 and K0061 and establish "E" code:

E???? Manual wheelchair accessory, handrim without projections, each. Use the new "E" code to identify the product that is the subject of the request.

Payment: Code E???? would fall under the payment category for inexpensive or routinely purchased items (HCPCS pricing indicator = 32). Payment would be made on a purchase or rental basis. The fee schedule amounts would be based on the weighted average of the fee schedule amounts for codes K0059, K0060 and K0061.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item # 9, Attachment #04.73

Topic/Issue: Request to establish a code for a single levered wheelchair rear wheel locking mechanism, trade name: Flex-Premium Wheelchair Immobilizing System.

Background/Discussion: Keith Tanksley of Lawrence-Nelson LLC submitted a request to establish a code for a single levered wheelchair rear wheel locking mechanism, trade name: Flex-Premium Wheelchair Immobilizing System. According to the applicant, the flex lock allows the user to lock both sides of a wheelchair simultaneously with one simple motion. It is used by patients who suffer from weakness or paralysis on one side of the body. Flex is especially useful to those patients who suffer from CVA, brain injury, amputation, spinal cord injury, severe arthritis, cerebral palsy, ALS, Muscular dystrophy, hemiparesis, and/or hemiplegia. Flex is a vital safety feature because it helps to reduce the incidence rate of wheelchair related falls that frequently occur during transfer, often caused by the patient not locking one side of a chair.

According to the applicant, this product has been on the market since April 2002. This item is used 73.97% of the time in the patients' homes and 26.03% in inpatient facilities.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Continue to use K0081 Wheel lock assembly, complete, each and covert K0081 from a K code to an E code, using the identical language.

Payment: The fee schedule amounts for the E code would be equal to the fee schedule amounts for K0081. Code K0081 falls under the payment category for inexpensive or routinely purchased items (HCPCS pricing indicator = 32). The national, purchase fee schedule ceiling for K0081 is currently \$40.68 and the floor is \$34.58. The national, monthly rental fee schedule ceiling for K0081 is currently \$4.06 and the floor is \$3.45. Two units of service would be billed under code K0081 for this product.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item # 10, Attachment #04.91

Topic/Issue: Request to establish a code for an electric hub motor drive, trade name: E-fix.

Background/Discussion: Jennifer Fetcko of Frank Mobility Systems submitted a request to establish a code for an electric hub motor drive, trade name: E-fix. According to the applicant, E-fix has two electrically powered wheels and uses hub motors. A simple bracket that is connected to the power distribution unit is installed on the wheelchair frame. The manual wheels are removed and the E-Fix wheels are plugged in. With a turn of the wheel hub, users can choose between manual and power operation. A grip, to turn outside of the motor, allows opening the electromagnetic safety brake by hand. E-fix has a joystick controller mounted to the wheelchair frame. The E-Fix system is programmable and will fit any approved wheelchair. The joystick of the E-Fix can be compared to a fictional combination of steering wheel, crutch and gas pedal of a car. All of the wheelchair driver's control demands are directed to the E-Fix by the joystick. The control unit can be adjusted horizontally to meet the length of the driver's arm. The nylon battery pack is attached using Velcro straps. Power distribution unit plugs in the battery pack as it sits in the pouch. To fold the wheelchair, only the battery pack needs to be removed. This feature provides the user with a more palatable system for transportation. E-Fix can be adapted to many different therapeutic requirements. All parameters can be adjusted via the joystick and the built-in LCD display by using a small programming key to activate the programming mode. The adjustable parameters include the following: indoor/outdoor mode, forward speed, reverse speed, acceleration, braking, turning speed, sensitivity, acoustic signals, parking brake, auto shut-off, joystick throw and battery size.

According to the applicant, this product has been on the market since November 1994. This item is used 100% of the time in the patients' homes.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: To use existing code E0983 (manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control), for the all-inclusive system with battery and joystick.

Payment: Code E0983 falls under the capped rental payment category (HCPCS pricing indicator = 36). The national, monthly rental fee schedule ceiling for E0983 for the first 3 rental months is currently \$249.93 and the floor is \$212.44. The rental fee schedule amounts for months 4 through 15 are reduced by 25 percent.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item # 11, Attachment #04.75

Topic/Issue: Request to establish a code for a wheelchair accessory, pelvic positioning belt.

Background/Discussion: Brendan Kelly of Adaptive Equipment Supplies submitted a request to establish a code for a pelvic positioning belt. According to the applicant, a pelvic positioning belt is designed for those patients whose physiologic and functional needs require a single direction of seat belt adjustment. When used in conjunction with a seating system that meets the client's physiologic and functional needs, the padded pelvic positioning belt provides a rearward and downward counterforce to the patient's movements. The pelvic belt is used by patients who suffer from cerebral palsy, thoracic kyphosis, spina bifida, and others who have specific pelvic irregularities. It is made of nylon webbing and includes a latch or a push-button closure and is padded to prevent skin irritation or pressure breakdown. The product is equipped with design components that allow the anchoring point to the seating system so that the positioning belt maintains a line of pull below the level of the anterior superior iliac spine to reduce posterior pelvic tilt and/or to maintain appropriate pelvic alignment. This anchoring point adjustment may be accomplished through the use of multiple mounting grommets, three-bar buckle attachment, or other appropriate and effective design.

According to the applicant, this product has been on the market since July 2001. This item is used 100% of the time in the patients' homes.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: To revise code E0978 to read: Wheelchair accessory, positioning/safety belt/pelvic strap, each.

Belts of this type, including belts with buckles, are included in the array of products described by this code: Payers are in agreement that the products in the array are functionally equivalent, and subjective information, such as user's intent (e.g., safety vs: positioning), is not adequate justification for a separate code to identify the product.

Payment: Code E0978 falls under the payment category for inexpensive or routinely purchased items (HCPCS pricing indicator = 32). The national, purchase fee schedule ceiling for E0978 is currently \$42.70 and the floor is \$36.30. The national, monthly rental fee schedule ceiling for E0978 is currently \$4.28 and the floor is \$3.64.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item # 12, Attachment #04.74

Topic/Issue: Request to establish a code for a wheelchair accessory, rigid foot positioning support.

Background/Discussion: Brendan Kelly of Adaptive Equipment Systems submitted a request to establish a code for a rigid foot positioning support. According to the applicant, a rigid foot positioning support is a preformed receptacle, generally fabricate from plastic or similar materials. It is also known as a shoe holder. The shoe holder is used for patients who have diseases such as ALS, multiple sclerosis, muscular dystrophy, cerebral palsy, ataxia and developmental delay in children. They would generally have severe rotational issues of the foot and ankle or both; high spasticity of the lower extremities; or uncontrollable rhythmic muscle movement. The shoe holder assists in maintaining dorsiflexion and inversion or eversion angles. It also accommodates abnormal internal or external tibial torsion. The rigid foot support helps to reduce abnormal tone patterns; accommodate for fixed ankle and foot contractures; reduce the incidence of extraneous movement that may cause injury to the client or others; and adds additional protection for the foot when certain ankle foot orthotic designs prevent the patient from wearing shoes. This device is fabricated with a high impact strength, abrasion resistance, and high rigidity ABS plastic. The material is injection molded to form the shape. Rigid foot positioning devices maintain the patient's foot and lower extremity in a clinically appropriate foot position when used in conjunction with a designed seated positioning system and a wheelchair footrest/footplate. The shoe holder is attached to the wheelchair in the position determined by the evaluating clinician and the patient's foot is held into the shoe holder shell with padded straps that have a velcro or buckle attachment.

According to the applicant, this product has been on the market since 1994. This item is used 100% of the time in the patients' homes.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: To revise code E0951 which currently reads: (heel loop/holder, with or without ankle strap, each), to instead read: heel Loop/Holder (rigid or semi-rigid), with or without ankle strap, each.

To revise code E0952 which currently reads: (toe loop/holder, each), to instead read: toe loop/holder, (rigid or semi-rigid), each.

Use revised code E0951 or E0952, as appropriate. 1) The intent of the 2004 revision was to include rigid and semi-rigid, as there are no functional differences; 2) The intent of the proposed 2005 revision is to make it even clearer that rigid and semi-rigid products are included in the same code; 3) The original predicate product was made out of aluminum; 4) There is no justification for identifying differently a product that does the same thing; 5) The requester did not provide substantiating, peer reviewed, clinical evidence that this product functions differently/results in a different patient outcome/is indicated for sub-group of patients for whom other devices in the code category are not indicated. 6) And in addition there is a low volume of documented use for this product.

Payment: Code E0952 falls under the payment category for inexpensive or routinely purchased items (HCPCS pricing indicator = 32). The national, purchase fee schedule ceiling for E0952 is currently \$18.83 and the floor is \$16.01. The national, monthly rental fee schedule ceiling for E0952 is currently \$1.96 and the floor is \$1.67.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item # 13, Attachment #04.90 A&B

Topic/Issue: Request to establish 2 codes; one for a dynamic stander, trade name: Rabbit and one for a three-way stander, trade name: Gazelle PS.

Background/Discussion: Kirk MacKenzie of Snug Seat and Cathy Coppes of Iowa Dept. of Human Services submitted a request to establish a code for a three-way stander, trade name: Dynamic Stander. According to the applicant, Dynamic stander is a device that places a child, who cannot stand independently, in an upright or prone position and allows the user to self-propel. The stander angle accommodates a range from upright to >20 degrees prone. It is used by children who display at least moderate head/neck and upper body control, and is able to functionally move the stander under their own volition, but requires support and alignment in weight bearing. These children usually have lower motor neuron involvement such as spinal cord injury, spina bifida, and/or may have moderate upper motor neuron involvement like cerebral palsy. Dynamic stander is fabricated out of metal, plastic or a combination of, but not limited to these materials. It includes wheels of at least 20" in diameter for the purpose of self-propulsion. Dynamic stander's main support is on the anterior surface of the body and includes padding the anterior surface, chest, knee and foot straps. It is belt driven, chain-driven, or direct driven by the child propelling himself. The dynamic stander has the ability to accommodate or accept accessories for positioning and alignment. The Three-Way stander permits prone, supine, and vertical standing all in one device. Three-Way stander can be adjusted to positions from at least 30 degrees of prone positioning. The posterior, or supine configuration of the device supports the back of the head, thoracic area, pelvis, knee and feet. It also includes anterior/posterior thoracic knee, pelvic and foot padded supports.

According to the applicant, Dynamic stander has been on the market since April 2003. Three Way stander has been on the market since February 2003. This item is used 100% of the time in the patients' home.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: To use existing code E0638 Standing frame system, any size, with or without wheels. This code is flexible enough to describe the standards on the market.

Payment: Code E0638 falls under the payment category for inexpensive or routinely purchased items (HCPCS pricing indicator = 32). The national, purchase fee schedule ceiling for E0638 is currently \$853.57 and the floor is \$725.53. The national, monthly rental fee schedule ceiling for E0638 is currently \$85.36 and the floor is \$72.56.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item # 14, Attachment #04.95 A,B&C

Topic/Issue: Request to establish 3 HCPCS codes for gait trainers, trade names: posterior support Gator (Snug Seat), full upright support Gator Gait Trainer Complete (Snug Seat), and forward leaning Bronco Gait Trainer (Snug Seat).

Background/Discussion: Kirk MacKenzie of Snug Seat submitted a request to establish 3 HCPCS codes for gait trainers, trade names: posterior support Gator (Snug Seat), full upright support Gator Gait Trainer Complete (Snug Seat), and forward leaning Bronco Gait Trainer (Snug Seat).

* According to the applicant, a posterior support gait trainer provides support to the child during ambulation while leaving the area in front of him open to provide easy access and interaction with his environment. It is positioned behind the child to facilitate a normal upright posture for learning the stepping skill and allowing access to his environment. This product is used by children who display adequate head, neck and upper body muscle control and strength but need s provided support for correct body positioning during weight bearing and weight shifting so that reciprocal stepping can occur.

* According to the applicant, the full upright support gait trainer is positioned behind, in front of, or surrounds the child and has more positioning and support components than the posterior support gait trainer in order to offer trunk support and pelvic stability. It is used by children who have poor to fair head, neck and upper body muscle control and need the gait trainer to give support for correct body position during weight bearing so that stepping can occur.

* According to the applicant, the forward leaning gait trainer is identical to the full upright support gait trainer in positioning and support components but it surrounds the child and has a mechanically adjustable forward lean. The forward lean assists in un-weighting the child. It is used for children who cannot stand upright and by leaning forward, gravity helps them to walk.

According to the applicant, Gator Gait Trainer and Gator Gait Trainer Complete were brought to market in April 2000. Bronco Gait Trainer was brought to market in March 1996. These items are used 100% of the time in the patients' homes.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: To establish a new "T" code.

T???? Pediatric Gait Trainer

Payment: T codes are not used for Medicare purposes; therefore, no payment determination is necessary.

HCPCS REQUEST

June 29, 2004 Meeting Agenda Item# 15, Attachment #04.163

Topic/Issue: Request to establish a code for a gait harness system, trade name: Second Step Gait Harness System.

Background/Discussion: Heather Marrs of Second Step submitted a request to establish a code for a gait harness system, trade name: Second Step Gait Harness System. According to the applicant, Second step is an adjustable harness is a detachable pelvic harness that provides additional support for users with diminished upper torso and lower leg strength. The harness secures the user within the therapeutic ambulatory frame. The upper harness encircles the thoracic portion of the bony skeleton and is padded to protect muscles and soft tissue. In addition to securing the user within an external support system the harness provides additional support to the upper portion of the body and helps maintain proper body alignment and balance. The lower harness attaches to the upper harness by a detachable zipper. Straps encircle each thigh and are secured to the front of the harness. Each thigh is supported in a manner similar to a mountain climber's harness. This method prevents injury to the lower pelvic area. All components of the harness are constructed to prevent injury to the user. The design of the harness system and ambulatory frame support was carried out by two industrial engineers, a rehabilitation engineer, a physical therapist and a senior research scientist.

According to the applicant, this product has been on the market since March 2001. This item is used 4% of the time in patient's homes, 37% in nursing facilities, 39% in inpatient facilities and 20% in outpatient facilities.

Coding Recommendation: CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: To use existing code E0141 walker, rigid, wheeled, adjustable or fixed height.

Payment: Code E0141 falls under the payment category for inexpensive or routinely purchased items (HCPCS pricing indicator = 32). The national, purchase fee schedule ceiling for E0141 is currently \$115.29 and the floor is \$98.00. The national, monthly rental fee schedule ceiling for E0141 is currently \$22.36 and the floor is \$19.01.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-15
Baltimore, Maryland 21244-1850



Memorandum

TO: DME Public Meeting Participants

FROM: Jennifer Carver

DATE: June 8, 2004

SUBJECT: CMS' New, Non-Smoking Campus Policy

As the DME Public Meeting Coordinator, I have been asked to address all attendees of the DME Public Meetings regarding CMS' new policy making the entire CMS campus a non-smoking area.

Effective June 9, 2004, the entire Baltimore campus will be a non-smoking campus. This rule applies to all employees, contractors and visitors and includes all offices within the complex, parking facilities and any outside area that is part of the CMS single site campus. No one will be permitted to smoke within the CMS single site gated complex, including areas away from the doors or in vehicles parked in the complex. Those who violate the rule could face a fine as high as \$50 that will be issued and enforced by the Federal Protective Service and/or be subject to disciplinary action, up to and including removal from the Federal service.

Thank you for your cooperation.

Jennifer Carver

PAYMENT FOR DURABLE MEDICAL EQUIPMENT (DME)

Section 1834(a) of the Social Security Act (the Act) requires that payment for DME furnished on or after January 1, 1989, be made on the basis of fee schedules. Prior to January 1, 1989, payment for DME was made on the basis of the reasonable charge methodology. For purposes of establishing the DME fee schedule, section 1834(a) of the Act separates DME into the following payment categories, each with its own unique payment rules:

- Inexpensive and other Routinely Purchased Items
- Frequently Serviced Items
- Oxygen and Oxygen Equipment
- Capped Rental Items

There is also a payment category for customized items. The carriers determine the payment amount for purchase of each customized item. These payment categories are described at the end of this document.

Section 1834(a) of the Act requires that statewide fee schedule amounts be established based on average reasonable charges made during a base period from 1986 to 1987, increased by 1.7 percent to arrive at 1989 ("base") fee schedule amounts. The specific months from 1986 to 1987 that are used to calculate the statewide fee schedule amounts vary by payment category. The fee schedule amounts are updated on an annual basis by a factor legislated by Congress. In addition, the fee schedule amounts are limited by a national ceiling (upper limit), equal to the median of the statewide fee schedule amounts, and a national floor (lower limit), equal to 85 percent of the median of the statewide fee schedule amounts.

Because reasonable charge data from 1986-87 does not exist for new DME items, the carriers must "gap-fill" the base fee schedule amounts for these items using a methodology provided in section 5101.2.A of the Medicare Carriers Manual. This section instructs the carriers to gap-fill using:

- the fee schedule amounts for comparable equipment,
- calculated fee schedule amounts from a neighboring carrier, or
- supplier price lists.

As a substitute for supplier price lists when they are not available, the carriers may gap-fill the base fee schedule amounts using the manufacturer's suggested retail prices or wholesale prices plus a markup.

The gap-filling methodology is used to approximate historic reasonable charges from 1986 to 1987 when historic data are not available. This gap-filling methodology has been in use since 1989, the initial year of the DME fee schedules. If neither reasonable charge data or prices lists from 1986-87 are available and more current prices are used, the carriers are instructed to decrease the more current prices by a “deflation” factor in order to approximate the 1986/1987 base year price for gap-filling purposes. The deflation factors are equal to the percentage change in the consumer price index for all urban consumers (CPI-U) from the mid-point of the fee schedule base period (1986/87) to the mid-point of the year in which the retail price is in effect (e.g. 2001). After deflating the prices, the carriers will increase the prices by 1.7 percent to arrive at 1989 base fee schedule amounts.

The carriers then submit the 1989 base fee schedule amounts to CMS. To set the final fee schedule amounts, CMS applies all of the annual update factors that have occurred since 1989 to these base amounts and calculates the national ceiling and floor limits. The final fee schedule amounts are then transmitted to the carriers and fiscal intermediaries for implementation.

DME PAYMENT CATEGORIES

INEXPENSIVE AND OTHER ROUTINELY PURCHASED ITEMS

- Section 1834(a)(2) of the Act
- Fee Schedules: Purchase (new); Purchase (used); Rental (monthly)
- Fee Schedule Base Period: July 1, 1986 through June 30, 1987

Items that have a purchase price of \$150 or less, are generally purchased 75 percent of the time or more, or which are accessories used in conjunction with a nebulizer, aspirator, continuous airway pressure device, or intermittent assist device with continuous airway pressure device. Total rental payments cannot exceed the purchase (new) fee for the item.

FREQUENTLY SERVICED ITEMS

- Section 1834(a)(3) of the Act
- Fee Schedules: Rental (monthly)
- Fee Schedule Base Period: July 1, 1986 through June 30, 1987

Items that require frequent and substantial servicing. Examples of such items are provided in section 1834(a)(3)(A) of the Act. These items are rented as long as they are medically necessary.

OXYGEN AND OXYGEN EQUIPMENT

- Section 1834(a)(5) of the Act

- Fee Schedules: Monthly Payment Amounts for Stationary Equipment, Oxygen Contents, Portable Oxygen Contents, and Portable Equipment
- Fee Schedule Base Period: January 1, 1986 through December 31, 1986

Monthly payments are made for furnishing oxygen and oxygen equipment. If the beneficiary owns their equipment, a monthly payment is made for oxygen contents only. An additional monthly payment is made for those beneficiaries who require portable oxygen. If the beneficiary owns their portable equipment, then a monthly payment is made for portable contents only.

CAPPED RENTAL ITEMS

- Section 1834(a)(7) of the Act
- Fee Schedules: Rental (monthly), Purchase (power wheelchairs only)
- Fee Schedule Base Period: July 1, 1986 through December 31, 1986

Payment for these items is on a rental basis. However, beneficiaries have the option to take over ownership of these items after the 13th rental payment. The supplier must inform the beneficiary of the "purchase option" in the 10th month of rental. If the beneficiary chooses the rental option, total rental payments may not exceed 15, but the supplier must continue to furnish the item as long as it is medically necessary.

The rental fee for capped rental items for each of the first 3 months of rental is equal to 10 percent of the purchase fee for the item. The rental fee for months 4 through 15 is equal to 7.5 percent of the purchase fee for the item. Power wheelchairs can be purchased in the first month.

Beginning 6 months after the 15th rental payment is made, suppliers may be paid a semi-annual (every 6 months) maintenance and servicing fee that is not to exceed 10 percent of the purchase fee for the item. For patient owned items, payment for maintenance and servicing is made as needed.

CERTAIN CUSTOMIZED ITEMS

- Section 1834(a)(4) of the Act

Payment is made in a lump-sum amount for the purchase of the item in a payment amount based on the carrier's individual consideration for that item.

PROCEDURES FOR PUBLIC MEETINGS FOR NEW DURABLE MEDICAL EQUIPMENT (DME)

PURPOSE OF PUBLIC MEETINGS FOR NEW DME

The purpose of the DME Public Meetings is to provide a forum for the general public to present information regarding specific Healthcare Common Procedural Coding System (HCPCS) coding requests for new DME. The meeting also provides an opportunity to obtain industry and public reaction to the preliminary coding recommendations of the CMS HCPCS Workgroup to the HCPCS National Panel, as well as CMS' preliminary recommendations regarding payment methodology for new DME items. Public meetings are required for new DME, under Section 531(b) of the Benefits Improvement and Protection Act 2002 (BIPA). Coding decision related to the Medicare and Medicaid programs internal operating procedures are reviewed internally, and are not included in this forum.

ROLE OF THE PUBLIC MEETINGS FOR NEW DME, RELATIVE TO THE OVERALL HCPCS CODING PROCESS

The agenda for DME Public Meetings will consist of HCPCS coding requests for new DME, as determined by CMS, that have been submitted through the HCPCS coding review and recommendation process. The specific items on each public meeting agenda will be posted on the HCPCS web site at <http://cms.hhs.gov/medicare/hcpcs/default.asp>.

The DME public meetings are open to the public, including the Press, on a space-available basis. The meetings have typically been attended by representatives of medical equipment manufacturers and suppliers; government relations, regulatory and compliance specialist personnel from various provider organizations; industry consultants; and CMS staff. Entities who have an item on the public meeting agenda might attend, however their attendance is not mandatory.

The preliminary recommendations of the CMS HCPCS workgroup regarding coding requests, and CMS' preliminary payment methodology decisions, will be presented at the public meetings. After the public meeting, the CMS HCPCS workgroup will reconsider its preliminary coding recommendations, and CMS staff will reconsider its pricing recommendation, in view of information presented at the public meeting. The workgroup will formulate its recommendation to the HCPCS National Panel. No decisions are made at the DME Public Meetings. The National Panel is the entity that maintains the permanent HCPCS Level II codes, and is the final decision-making authority concerning requests for permanent HCPCS Level II codes. The DME Public Meetings are designed for DME manufacturers and others to present additional information, clarify issues, and offer supporting or opposing perspectives regarding CMS' preliminary decisions. Final coding decisions are not made at the public meetings, nor are they made by the HCPCS workgroup. Final payment decisions are made by CMS, in accordance with the Medicare Statute and regulations.

General information about the HCPCS coding process, the standard HCPCS code request form and instructions can be found on the official HCPCS web site at www.cms.hhs.gov/medicare/hcpcs/default.asp.

The official, update of the HCPCS code system is available as a Public Use File and can be downloaded for free at www.cms.hhs.gov/providers/pufdownload/anhcpcdl.asp

ADDITIONAL OPPORTUNITIES FOR PUBLIC INPUT

The National Panel Meeting Agenda, including all requests for permanent HCPCS Level II codes that have been submitted through the HCPCS coding review and recommendation process, are listed on the HCPCS web site at <http://cms.hhs.gov/medicare/hcpcs/default.asp>. Comments, recommendations and inquiries are welcomed, and may be submitted via e-mail to www.cms.hhs.gov/medicare/hcpcs or via regular mail to the HCPCS National Panel, c/o Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop C5-08-27, Baltimore, Maryland 21244.

Comments and recommendations regarding items that appear on the Public Meeting Agenda for New DME may be made in person at the Public Meetings, and/or written comments may be provided at or prior to the meeting at the addresses noted above. Comments regarding Public meeting agenda items will be considered if they are received by the end of the meeting at which they are discussed.

MEETING LOCATION

DME Public Meetings are held in the Auditorium at the
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Meeting participants are responsible for arranging and funding their own travel and lodging.

NOTIFICATION OF PUBLIC MEETING, CONTENT OF THE AGENDA, AND MEETING SUMMARIES

Notice of Public Meetings for New DME appears in the Federal Register at www.access.gpo.gov/nara/index.html.

Public Meeting Dates, agendas and related materials, registration information and meeting summaries are published at <http://cms.hhs.gov/medicare/hcpcs/default.asp>. The agenda will be posted 2 to 4 weeks prior to the meeting. A meeting summary will be posted within one month after the meeting.

It is the responsibility of the applicant and the general public to monitor the appropriate web sites for announcements and other information related to the Public Meetings for New DME.

SELECTING AGENDA ITEMS FOR PUBLIC MEETINGS FOR NEW DME

Items are placed on a Public Meeting for New DME if:

The application for the item was complete and submitted timely to the National HCPCS process AND the item is considered by CMS to be new DME.

If you have submitted an application for a modification to the HCPCS system for an item you believe is DME, and your request is not represented on the agenda for the Public Meeting for New DME, please contact Joel Kaiser at 410-786-4499.

MEETING DATES AND TIMES, CALENDAR YEAR 2004

Tuesday, June 29, 2004

Wednesday, June 30, 2004

Each meeting day will begin at 9:00 a.m. and is scheduled to adjourn at 5:00 p.m., E.S.T. However, because it is impossible to anticipate whether all presentations will fill their allotted time period (e.g. 15 minutes for Primary Speakers; 5 minutes or "5-Minute Speakers"), we cannot commit specific items to specific time frames, and we can only estimate the amount of meeting time that will be needed. Meetings may end earlier than 5:00 p.m. Meeting participants should arrive early and plan on the meeting commencing promptly at 9:00 a.m., and speakers simply need to arrive prepared and wait until it is their turn to speak.

ON-LINE REGISTRATION CLOSES JUNE 18, 2004 FOR ALL PUBLIC MEETINGS IN CALENDAR YEAR 2004.

REGISTERING TO ATTEND A PUBLIC MEETING FOR NEW DME

Registration may be completed on-line at <http://cms.hhs.gov/medicare/hcpcs/default.asp>. If you do not have internet access you may contact the DME Public Meeting Coordinator, Jennifer Carver at 410-786-6610.

Upon completing on-line registration, you will automatically receive a confirmation. If you register by phone, a CMS staff member will confirm your registration by phone or fax. **Please bring your confirmation and government issued photo identification with you to the meeting**, (refer to Security information below).

On-line registration will not be accessible after June 18, 2004. Individuals who do not have internet access, or who have missed the deadline for on-line registration, may register by phone by contacting Jennifer Carver. The deadline for phone registration is June 22, 2003. Due to heightened national security, only registered individuals will be allowed to enter the building.

Pre-registration information is used to generate a list of attendees. The names of individuals who have pre-registered will appear on the attendee list. This list is used by Security guards to permit access into the building. It is also used to generate meeting sign-in sheets.

REGISTERING TO SPEAK AT A PUBLIC MEETING FOR NEW DME

Primary Speakers:

The entity that requested the modification to the HCPCS coding system for a particular agenda item may designate one “primary speaker” to make a presentation of a maximum of 15 minutes. Fifteen minutes is the total time interval for the presentation, and must incorporate the demonstration, set-up, and distribution of materials. In establishing the Public Meeting agenda, CMS may group multiple, related requests under the same agenda item. In that case, CMS will decide whether additional time will be allotted, and may opt to increase the amount of time allotted to the speaker by increments of less than 15 minutes. In other words, the amount of time allotted to aggregate proposals might not be expanded exponentially by the number of requests.

Primary Speaker Responsibilities:

- No later than 15 days in advance of the meeting:
 - Register to be a Primary speaker by personally notifying the DME Public Meeting Coordinator, Jennifer Carver at 410-786-6610.
- No later than 10 days in advance of the meeting:
 - Register on-line to attend the meeting.
- No later than 7 days in advance of the meeting:
 - Provide a brief, written statement to Jennifer Carver regarding the nature of the information that will be presented at the meeting.
 - In order to avoid disruption of the meeting and ensure compatibility with our systems, tapes and disk files are tested and arranged in speaker sequence in advance of the meeting. We will accommodate tapes and disk files that are received timely by the meeting coordinator.
 - Upon registering to be a Primary Speaker, indicate your needs for audio/video support. We offer an extensive array of audio and visual support options, (see below).

AV Options:

Audio Cassette Tape Playback

Assisted Listening Device

Video Tape playback (standard VHS or SVHS)

DVD playback

35mm slides (we can display slides through the projection system by use of a slide to video converter that is housed in the control room. Slides should be preloaded in Kodak-style carousel trays)

Computer Display (compatible with CMS standard programs - check in advance with the meeting coordinator)

Computer Interface (we can interface the video projection system with most laptop computers equipped with a standard VGA output connector)

Document and/or overhead projector (overheads or hard copy pages can be projected from the control room)

- On the day of the meeting:
 - Primary speakers may bring handout materials with them, and distribute them at the meeting. Any materials distributed at the meeting should also be provided for review by the CMS HCPCS workgroup and the HCPCS National Panel. For that purpose, we request that at least 35 additional copies be provided, on the day of the meeting. Handout and demonstration materials may not be shipped in advance of the meeting.
 - Provide a written summary of your statement. State whether you support or disagree with the preliminary recommendation of the CMS HCPCS Workgroup and if you disagree, briefly summarize the reason(s) why.
 - All speakers must declare at the meeting as well as in their written summary whether or not they have any financial involvement with the manufacturers or competitors of any items or services being discussed. This includes any payment, salary, remuneration, or benefit provided to the speaker by the manufacturer.

“5-Minute” Speakers:

Meeting attendees will be permitted to sign up at the meeting, on a first-come, first-served basis, to make 5-minute presentations on individual agenda items. Based on the number of items on the agenda and the progress of the meeting, a determination will be made by the meeting coordinator and the meeting moderator, regarding how many 5-Minute speakers can be accommodated. In order to offer the same opportunity to all attendees, 5-Minute speakers may only register the day of the meeting, and not in advance of the meeting.

5-Minute speakers are required to submit, on the day of the meeting, a brief (one to two-page) summary of their presentation.

All speakers must declare at the meeting as well as in their written summary whether or not they have any financial involvement with the manufacturers or competitors of any items or services being discussed. This includes any payment, salary, remuneration, or benefit provided to the speaker by the manufacturer.

GUIDANCE TO SPEAKERS FOR AN EFFECTIVE PRESENTATION

We have established, based on experience, the following tips for an effective presentation:

Information that is helpful:

Begin with the preliminary recommendation itself, and comment on it. State your position. React specifically to the individual coding recommendation and either support or refute it. If you

disagree with the recommendation, provide substantiating information and explanation, and offer a recommendation as to how to correct it. Focus on factual information and objective, supporting documentation. Information that is in addition to that already provided in the application may help to make a point. The CMS HCPCS Workgroup has evaluated the requests that appear on the Public Meeting agenda, arrived at and published its preliminary coding recommendation. The Public Meeting forum is an opportunity to provide additional information that may convince the CMS HCPCS Workgroup to reconsider its preliminary recommendation, prior to releasing it to the HCPCS National Panel. Blanket dismissal of coding recommendation(s) or simply reiterating the original request without responding directly, and thoughtfully, to each individual preliminary coding recommendation does not help the workgroup to understand why the recommendation is unsatisfactory, or how or why it ought to be changed.

The focus of your presentation should be to convince the audience that your product fits the criteria for modifying the HCPCS coding system, as described in a document entitled “HCPCS BACKGROUND INFORMATION” at <http://cms.hhs.gov/medicare/hcpcs/default.asp>.

Describe who will and who will not benefit by the use of the item.

Information that is not helpful:

Keep in mind that HCPCS codes identify unique categories of products. The assignment of a HCPCS code does not guarantee, or even imply, that a product or service is covered by Medicare or by any other insurer. HCPCS decisions and coverage determinations are completely separate processes. Medicare coverage determinations are not part of the HCPCS coding decision-making process or part of the DME Public Meeting forum. Therefore, testimonials and discussions about medical necessity or efficacy are not beneficial, and may detract from the purpose of the meeting. It is inadvisable to expose at-risk patients for the purpose of providing testimony.

The Public Meetings for New DME are not directed to the attention of buyers of medical products. Therefore, promotional information, or a “sales pitch” that does not address uniqueness of the product category is inappropriate.

Timing of presentations:

Speakers may take less, but not more than the amount of time allotted (15 minutes for Primary Speakers, 5 minutes for “5-Minute” Speakers). Speakers may not give away, assign or yield unused time. Unused time is automatically forfeited to the moderator.

Only the moderator may call speakers. Speakers may not call other speakers.

In fairness to all speakers as well as to the audience, the moderator will end all presentations precisely at the end of their allotted time. Therefore, it is helpful to rehearse and time presentations so to ensure that key points are made within the allotted time.

The moderator reserves the right to interrupt to preserve the order of the meeting for the benefit of the audience.

WRITTEN COMMENTS FROM MEETING ATTENDEES

We welcome the written comments of other persons in attendance at the meeting, who did not have the opportunity to or did not care to make an oral presentation. These written comments must be submitted before the end of the meeting.

All speakers (Primary Speakers and 5-Minute Speakers) are required to submit, on the day of the meeting, a brief (one to two-page) summary of their presentation.

SPECIAL NEEDS

Persons attending the meeting who are hearing or visually impaired and have special requirements or a condition that requires special assistance or accommodations should make a notation to that effect on the registration form, or directly contact the DME Public Meeting Coordinator, Jennifer Carver, by the registration deadline at (410) 786-6610. Advance notice is necessary in order for us to make arrangements to accommodate special needs.

SECURITY ON THE DAY OF THE MEETING

All meeting attendees should bring with them government issued photo identification, and a copy of their pre-registration confirmation. The DME Public meetings are held in a government building; therefore, security measures will be applicable. Photo identification must be presented upon entering the complex and again upon signing-in at the security desk. Security Officers may deny access to the building complex to persons without proper identification. Meeting attendees must also provide registration information (confirmation of meeting registration). Meeting attendees should allow approximately 15 minutes to clear security upon arrival.

Any items brought to the building for the purpose of being demonstrated at the meeting must clear security. CMS does not assume responsibility for coordinating the receipt, transfer, transport, storage, set-up, safety or security clearance of any belongings or items used for demonstration, or for their timely arrival at the meeting. We ask presenters to consider the practicality of bringing in large equipment or multiple pieces of equipment, and whether other means of demonstration, such as video or pictures, may be useful, less distracting, and much more easily managed.

In the event that the National Security level is elevated to code red please phone CMS at 410-786-6010. If the building is operating under a code red this means the building will be closed and the DME Public Meeting will be cancelled.

MEETING SIGN-IN ONCE ON-SITE

On-site sign-in for visitors who have pre-registered to attend the meeting will be held 30 minutes prior to the starting time of each meeting.

FAQ's

WHO MAY ATTEND DME PUBLIC MEETINGS?

The public, including the press, is invited to attend CMS' Public Meetings for New DME. Members of the CMS HCPCS Workgroup and CMS staff who have a special program interest in a topic may attend, based on their availability. Entities who submit requests that are being discussed at the meeting and their competitors might attend. Attendance at the Public Meetings for DME is voluntary and optional.

IS ATTENDANCE MANDATORY FOR ENTITIES WHO HAVE AN ITEM ON THE AGENDA?

No. Attendance is completely voluntary. Whether or not the requesting entity is represented at the meeting, all agenda items will be presented by CMS staff, with a description of the request and the preliminary recommendation of the CMS HCPCS Workgroup (as published with the agenda on the web).

ARE DECISIONS MADE AT THE PUBLIC MEETINGS FOR NEW DME?

No. The Public Meetings for New DME are not CMS HCPCS Workgroup meetings, and they are not HCPCS National Panel Meetings. The CMS' Public Meeting forum for New DME provides an opportunity for a requester to speak to CMS and to the Public, and an opportunity for CMS to hear from requester and public, and balance competing points of view. It is an opportunity for general public and competitors to participate in a discussion of HCPCS coding for New DME items.

Information provided at the CMS Public Meetings for New DME is shared with members of the CMS HCPCS Workgroup at a subsequent workgroup meeting. The workgroup reconsiders its preliminary recommendation in light of any new information provided, and formulates its recommendation to the HCPCS National Panel. The recommendation made by the CMS HCPCS work group to the HCPCS National may or may not be the same as the preliminary recommendation shared at the public meeting. The HCPCS National Panel may or may not agree with the recommendation of CMS HCPCS workgroup. The HCPCS National Panel is the final decision making authority concerning requests for permanent HCPCS Level II codes.

THE AGENDA DOES NOT INCLUDE TIMES. HOW DO PARTICIPANTS KNOW WHEN SPECIFIC ITEMS WILL BE DISCUSSED?

It is impossible to anticipate whether all presentations will fill their allotted time period (e.g., 15 minutes for Primary Speakers; 5 minutes for "5-Minute Speakers"), therefore we cannot commit specific items to specific time frames. We ask that speakers arrive prepared, plan on the meeting commencing promptly at 9:00 a.m, E.S.T., and simply wait until it is their turn to speak. Meetings are scheduled to adjourn at 5:00 p.m., however, because we can only estimate the amount of meeting time that will be needed, meetings may adjourn earlier than 5:00 p.m.

[Federal Register: April 23, 2004 (Volume 69, Number 79)]
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From the Federal Register Online via GPO Access [wais.access.gpo.gov]
[DOCID:fr23ap04-93]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1273-N]

Medicare Program; Public Meetings in Calendar Year 2004 for New
Durable Medical Equipment Coding and Payment Determinations

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of meetings.

SUMMARY: This notice announces the dates and location of public meetings to be held in calendar year 2004 to discuss our preliminary coding and payment determinations for new durable medical equipment (DME). These meetings provide a forum for interested parties to make oral presentations or to submit written comments in response to preliminary coding and pricing recommendations for DME that have been submitted using the Healthcare Common Procedure Coding System coding modification process. Discussion is directed toward response to our specific preliminary recommendations, and will be limited to items on the new DME public meeting agenda.

DATES: The public meetings are scheduled for Tuesday, June 29; Wednesday, June 30; and Thursday, July 1, 2004. Each meeting day will begin at 9 a.m. and end at 5 p.m., e.d.t. A meeting will only be held on July 1, 2004, if the number of agenda items cannot be managed in two meeting days.

ADDRESSES: The public meetings will be held in the Centers for Medicare & Medicaid Services (CMS) Auditorium, located at 7500 Security Boulevard, Baltimore, MD 21244.

Web site: Additional details regarding the public meeting process for new DME, along with information on how to register and guidelines for an effective presentation, will be posted at least one month before the first meeting date on the official HCPCS Web site, and can be accessed at <http://frwebgate.access.gpo.gov/cgi-bin/leaving.cgi?from=leavingFR.html&log=linklog&to=http://cms.hhs.gov/medicare/hcpcs/default.asp>.

Individuals who intend to provide a presentation at a public meeting for new DME need to familiarize themselves with this information. This Web site also includes a description of the HCPCS coding process, along with a detailed explanation of the procedures used to make coding and payment determinations for DME and other items

and services that are coded in the HCPCS.

A summary of each public meeting for new DME will be posted on the above Web site within one month after the meeting.

FOR FURTHER INFORMATION CONTACT: Jennifer Carver, (410) 786-6610.

SUPPLEMENTARY INFORMATION:

I. Background

On December 21, 2000, the Congress passed the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), Public Law 106-554. Section 531(b) of BIPA mandated that we establish procedures that permit public consultation for coding and payment determinations for new DME under Medicare Part B of title XVIII of the Social Security Act (the Act). The procedures and public meetings announced in this notice for new DME are in response to the mandate of section 531(b) of BIPA.

We published a notice in the November 23, 2001, Federal Register (66 FR 58743) with information regarding the establishment of the public meeting process for DME.

II. Registration

Registration Procedures: Registration may be completed online at <http://frwebgate.access.gpo.gov/cgi-bin/leaving.cgi?from=leavingFR.html&log=linklog&to=http://cms.hhs.gov/medicare/hcpcs/default.asp>, or you may contact the

DME Public Meeting Coordinator, Jennifer Carver at 410-786-6610, to register by phone. The following information must be provided when registering: Name, company name and address, telephone and fax numbers, e-mail address and special needs information. Registrants must also indicate whether they are the ``Primary Speaker'' for an agenda item, designated by the entity that submitted the HCPCS coding request. A CMS staff member will confirm your registration by mail, e-mail or fax.

Registration Deadline: Individuals must register for each date they plan to attend and/or provide a presentation. The deadline for registration for all of the meetings dates is Tuesday, June 15, 2004.

III. Presentations and Comment Format

A. Primary Speaker Presentations

The entity that submitted the HCPCS coding request for an item that appears on the Public Meeting agenda may designate one person to be the ``Primary Speaker'' and make a presentation at the meeting. We will post guidelines regarding the amount of time allotted to the speaker, as well as other presentation guidelines, on the official HCPCS website at least a month before the first public meeting in 2004 for new DME. Persons designated to be a Primary Speaker must register to attend the meeting using the registration procedures described above and, at least 15 days before the meeting, contact the DME Public Meeting Coordinator, Jennifer Carver at 410-786-6610. At the time of registration, Primary Speakers must provide a brief, written statement regarding the nature of the information they intend to provide, and advise the meeting coordinator regarding needs for Audio/Visual Support. In order to avoid

disruption of the meeting and ensure compatibility with our systems, tapes and disk files are tested and arranged in speaker sequence well in advance of the meeting. We will accommodate tapes and disk files that are received by the DME Public Meeting Coordinator 7 or

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more calendar days before the meeting. In addition, on the day of the meeting, Primary Speakers must provide a written summary of their comments to the DME Public Meeting Coordinator.

B. ``5-Minute'' Speaker Presentations

Meeting attendees will be permitted to sign up at the meeting, on a first-come, first-served basis, to make 5-Minute presentations on individual agenda items. Based on the number of items on the agenda and the progress of the meeting, a determination will be made at the meeting by the meeting coordinator and the meeting moderator, regarding how many 5-Minute speakers can be accommodated. In order to offer the same opportunity to all attendees, there is no pre-registration for 5-Minute speakers. Attendees may sign up only on the day of the meeting to do a 5-Minute presentation. They must provide their name, company name and address, contact information as specified on the sign-up sheet, and identify the specific agenda item that will be addressed. On the day of the meeting, 5-Minute speakers must provide a written summary of their comments to the DME Public Meeting Coordinator.

C. Speaker Declaration

The Primary Speakers and the 5-Minute Speakers must declare, at the meeting as well as in their written summary, whether or not they have any financial involvement with the manufacturers or competitors of any items or services being discussed. This includes any payment, salary, remuneration, or benefit provided to the speaker by the manufacturer.

D. Written Comments from Meeting Attendees

We welcome written comments from persons in attendance at a public meeting, whether or not they had the opportunity to make an oral presentation. Written comments may be submitted at the meeting, or prior to the meeting via e-mail to <http://frwebgate.access.gpo.gov/cgi-bin/leaving.cgi?from=leavingFR.html&log=linklog&to=http://www.cms.hhs.gov/medicare/hcpcs> or

via regular mail to the HCPCS Coordinator, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop C5-08-27, Baltimore, MD 21244.

IV. General Information

The meetings are held in a Federal government building; therefore, Federal measures are applicable. In planning your arrival time, we recommend allowing additional time to clear security. In order to gain access to the building and grounds, participants must bring a government-issued photo identification and a copy of your confirmation of pre-registration for the meeting. Access may be denied to persons without proper identification.

Security measures also include inspection of vehicles, inside and out, at the entrance to the grounds. In addition, all persons entering the building must pass through a metal detector. All items brought to CMS, whether personal or for the purpose of demonstration or to support a presentation, are subject to inspection. CMS cannot assume responsibility for coordinating the receipt, transfer, transport, storage, set-up, safety, or timely arrival of any personal belongings or items used for demonstration or to support a presentation.

Special Accommodations: Persons attending a meeting who are hearing or visually impaired and have special requirements, or a condition that requires special assistance or accommodations, must provide this information upon registering for the meeting.

Each meeting day will begin at 9 a.m. and end at 5 p.m., e.d.t. Because it is impossible to anticipate, in advance of the April 1, 2004, submission deadline, the nature and the number of coding requests that will be submitted for new DME, we can only estimate the amount of meeting time that will be needed, and we are unable to post a final agenda at this time. We may not need three full-day meetings. We will consider each meeting individually, and we may modify the meeting dates and times published in this notice. Final confirmation of meeting dates and times, and agenda items will be posted three weeks in advance of each scheduled meeting, on the official HCPCS Web site and can be accessed at <http://frwebgate.access.gpo.gov/cgi-bin/leaving.cgi?from=leavingFR.html&log=linklog&to=http://cms.hhs.gov/medicare/hcpcs/default.asp>.

Authority: Section 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 42 U.S.C. 1395hh).

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare--Supplementary Medical Insurance Program)

Dated: March 25, 2004.
Dennis G. Smith,
Acting Administrator, Centers for Medicare & Medicaid Services.
[FR Doc. 04-8832 Filed 4-22-04; 8:45 am]