

**Centers for Medicare & Medicaid Services (CMS)
Summary Report
Durable Medical Equipment (DME) Public Meeting
Tuesday, June 29, 2004**

Introduction and Overview

Robin Williams, CMS Office of Operations Management, moderated the meeting. Approximately 45 people attended. The agenda included 15 items.

Tom Gustafson, Deputy Director, CMS Center for Medicare Management, welcomed attendees and encouraged full participation at the meeting.

Cindy Hake provided an overview of the DME public meeting process and the overall HCPCS process. She also discussed the survey of stakeholders regarding needed changes to the HCPCS process, the nature of responses to the survey, and the nature of changes already made, as well as pending changes, included in the reformation of the HCPCS process. Monitor the HCPCS world-wide website for announcement of changes to the HCPCS coding process at www.cms.hhs.gov/medicare/hcpcs/default.asp.

The DME public meetings meet the BIPA 2000 requirements that CMS permit public consultation for coding and payment determinations for new DME, as explained in the Federal Register Notice published on November 23, 2001. At these meetings, interested parties have the opportunity to make oral presentations and submit written comments regarding coding and pricing recommendations for new DME that have been submitted using the HCPCS coding modification process.

Prior to Public Meetings for new DME, the CMS HCPCS workgroup meets to review the coding requests on the public meeting agenda, and to make a preliminary coding recommendations to the HCPCS National Panel. CMS also makes preliminary recommendations regarding the applicable payment category and methodology that will be used to set a payment amount for the items on the agenda. The preliminary coding and payment recommendations are posted on the HCPCS world-wide web site, as part of the DME public meeting agendas.

Following the public meeting, the CMS HCPCS workgroup will use the input heard at the Public Meeting to reconsider its preliminary coding recommendations, and CMS staff will reconsider its pricing recommendations. Afterwards, the workgroup will decide on its recommendations to the HCPCS National Panel. The National Panel, (comprised of the Centers for Medicare & Medicaid Services (representing Medicare and Medicaid), America's Health Insurance Plans and the Blue Cross and Blue Shield Association), is the entity that maintains the permanent HCPCS level II codes, and reserves final decision making authority concerning requests for permanent HCPCS codes. Final decisions regarding Medicare payment are made by CMS and must comply with the Statute and

Regulations. Payment determinations for non-Medicare insurers, (e.g., state Medicaid Agencies or Private Insurers) are made by the individual state or insurer.

Public Meetings for new DME are neither CMS HCPCS workgroup meetings nor HCPCS National Panel meetings. No final decisions are made at the public meetings. All requestors will be notified in writing, in early November, of the National Panel's final decision regarding the HCPCS code request(s) they submitted.

The process for developing agendas and speaker lists for the DME public meetings, and Guidelines for Proceedings at CMS' Public Meetings for New DME are posted on the official HCPCS world wide web site at: <http://cms.hhs.gov/medicare/hcpcs/default.asp>. The standard application form for requesting a modification to the HCPCS Level II Coding System, along with instructions for completion and background information regarding the HCPCS Level II coding process is available on the same web site.

At the 2004 Public Meetings for new DME, CMM staff Joel Kaiser presented an educational overview of the variety of methods used for setting the payment amount for items, and when the different methods are used. This overview was also provided as a written attachment to the agenda. For additional information, the DME payment rules are located at Section 1834 (a) of the Social Security Act. The Medicare fee schedule for DME, Prosthetics, Orthotics and Supplies, and background information, can be accessed and downloaded free of charge at: <http://cms.hhs.gov/providers/pufdownload/default.asp#dme>.

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.

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

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

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

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

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

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

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

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

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

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

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

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

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.

Primary Speaker – Simon Margolis of Clinical and Professional Development at National Seating and Mobility, Inc. shared his view of the process of how power wheelchair codes were not patient centered. He suggested that the HCPCS codes be expanded to reflect the different methods for categorizing wheelchairs between patients diagnosis, prognosis and symptomatology and to delineate the specific differences among existing technologies to

create appropriate coding categories, so that the smaller the basket, the more appropriate the reimbursements will be. Price must reflect the cost of doing business and not just the acquisition of the product.

“5-Minute” Speaker – Jim Ernst of Leisure-Lift, Inc. agreed with specification and the limitations of the specification. He indicated that it does not serve Medicare well by using old manufacturers specification and we need to embrace innovative technology and gave the example of E1 codes that does not allow a “seatup” adjustment. Was happy with the agencies decision to postponed the final coding decisions until after the public forum. Wholeheartedly endorses compliance with FDA inspections and requirements and ANSII RESNA standards.

AGENDA ITEM # 2

Attachment #04.88

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

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.

Primary Speaker – Diane Francis of Independence Technology is seeking a new HCPCS code for manual assist wheelchair base as a single unit; not separate codes for a frame and an addition to a frame, and indicated that the iGLIDE technology is in the frame, not the wheel.

“5-Minute Speaker – Beth Walsh of Independence Technology spoke about the iGLIDE and stated that the motor, gearbox and battery case is mounted on the frame of the chair. This battery case and the CPU are standard features and are not options or even available on most K4 products.

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.

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.

Primary Speaker – Carol Ann Hoepner of Essential Medical Supply, Inc. spoke and is requesting a new HCPCS code for their transport chair for people who weigh over 250 to 400 pounds. She recommended that the proposed code in the preliminary coding recommendation be written so that patients who weigh over 250 pounds can be covered.

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.

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.

Primary Speaker – Dr. Rory Cooper, Ph.D. would like CMS to reconsider its preliminary recommendation not to assign a new HCPCS code for the Sub-20 lb Manual Wheelchairs. Dr. Cooper stated that manual wheelchair designs have changed appreciably and the HCPCS codes need to reflect this. There are important differences between K0005 and the sub-20 pound wheelchair. For instance, lighter space age materials of high strength and durability and easier propulsion.

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.

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.

There was no Primary Speaker for this item.

AGENDA ITEM # 6

Attachment #04.78

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

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.

Primary Speaker – Evan Call, faculty of Weaver State University, and retained by Otto Bock to conduct product testing, claimed that the ComfortT cushion addresses heat and moisture, not pressure and friction. He spoke in support of a code that describes a heat moderating cushion.

“5-Minute” Speaker – John Phillips of Otto Bock, suggested that temperature management is not addressed in existing codes. He also spoke in support of a code that describes a cushion designed for temperature intervention.

AGENDA ITEM # 7

Attachment #04.56

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

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.

There was no Primary Speaker for this item.

AGENDA ITEM # 8

Attachment #04.69

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

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.

Primary Speaker – David Boninger of Three Rivers Holdings, LLC disagreed with the preliminary recommendation. In his opinion, wording of the proposed new E-Code describes a standard wheelchair handrim and does not describe the product that was the subject of their request and does not take into account the two-piece assembly of the Natural Fit, the five unique ergonomic design features that the two piece assembly provides and the positive patient outcomes facilitated by the Natural-Fit two piece assembly.

“5-Minute” Speaker – Dr. Rory Cooper, Ph.D. is the co-designer of the Natural-Fit wheelchair. He spoke of the NIH peer reviewed, funded study which found a decrease of pressure on the medial nerve. The VA recently recommended Natural-Fit for patients who have light and ultralight wheelchairs.

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.

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.

There was no Primary Speaker for this item.

AGENDA ITEM # 10

Attachment #04.91

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

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.

Primary Speaker – Bill Russell of Frank Mobility Systems disagreed with CMS' preliminary recommendation to use code E0983, claiming that the E-fix is not like the predicate products on which E0983 is based. According to Mr. Russell, neither the verbiage nor the pricing reflects the E-fix and its technological differences, including hub-type motor, programmable electronics, joystick, and adding power to the current manual frame. Mr. Russell recommended deletion of E0983 and creation of a new code and pricing that recognize hub drive technology.

AGENDA ITEM # 11

Attachment #04.75

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

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.

Primary Speaker – Brendan Kelly of Adaptive Equipment Systems disagrees with the coding recommendation to modify code E0978 to add the word “positioning” to the description and recommends that a new HCPCS code be established. According to Mr. Kelly, pelvic positioning belts are different than belts typically coded at E0978 in terms of technology and clinical outcome. Specifically the belt that is the subject of this request has a different buckle style and pull direction. It also has pads and can be purchased with narrow band width and mounting options. Mr. Kelly claims that these are significant design features that achieve a different clinical outcome.

AGENDA ITEM # 12

Attachment #04.74

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

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.

Primary Speaker – Brendan Kelly of Adaptive Equipment Systems disagrees with the coding recommendation to modify Code E0978 by adding the words “rigid or semi-rigid” to the descriptor. AES is recommending that a new HCPCS code be established for a Rigid foot positioning support. The product that is the subject of this request is fabricated with a high impact strength, abrasion resistance, and high rigidity ABS plastic. The material is injection molded to form the shape. According to Mr. Kelly, the material and design of this product achieves a different clinical function and outcome than holders

made of other materials. Specifically he claims that the device maintains 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.

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.

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.

Primary Speaker – Steve Scribner of Snug Seat, Inc. disagrees with CMS recommendation about having one code category for all “Standing Frame Systems, any size and with or without wheels.” Snug Seat Inc. is looking for two codes, one for a dynamic stander and one for a three-way stander. According to Mr. Scribner, all standers cannot fit into one code due to differences in technological design, clinical indications, mechanics and function.

“5-Minute” Speaker – Ginny Paleg, MS, PT, a Pediatric Physical Therapist and past “paid consultant for almost every company that manufactures standers”, claims that children have been denied access to evidence-based standard of care, and that patients are not getting the 3 way stander for treatment because states downcode and pay less.

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).

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.

Primary Speaker – Steve Scribner of Snug Seat, Inc. disagreed with the CMS Workgroup recommendation to create a single new “T” code for a Pediatric Gait Trainer. Snug Seat Inc. is requesting three new HCPCS codes to accommodate the technological, functional and price differences between 3 categories of gait trainers. In Mr. Scribner’s opinion, establishing only one “T” code for pediatric gait trainers defeats the purpose of establishing unique codes since access will still be denied for the pediatric Medicaid population in obtaining the different types of gait trainers that they medically need, if all the gait trainers are bundled into one code.

“5-Minute” Speaker – Ginny Paleg, MS, PT Pediatric Physical Therapist and past paid educator and consultant for Gait Trainer Manufactures. According to Ms. Paleg, children function at different levels, have different prognoses and require different types of support. In order for each and every child to receive the device that best suits their individual strengths and needs, the codes need to reflect the different technology and designs. “Without appropriate codes, children will receive the least costly device, however inappropriate.”

AGENDA ITEM # 15

Attachment #04.163

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

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.

Primary Speaker – Heather Marrs of Second Step, Inc. disagrees with placing their device “Gait Harness System” into the category of the HCPCS code E0141. According to Ms. Marrs, the Gait Harness System is a functional and therapeutic system that protects patients who have individual needs for independence to stand and walk again on their own or with minimal assistance, and that there is no other support system of its kind. A model that was not designed for in-home use was demonstrated at the meeting.

“5-Minute” Speaker – Paul O’Brien from a commercial insurance company that holds a liability policy for the Second Steps Inc., spoke on behalf of the Gait Harness Systems and claims that it can help several people. He too says this product is not a walker and recommended a special code.

Closing Remarks

In light of new information provided at the DME public meetings, the HCPCS workgroup will reconsider its preliminary coding recommendations, CMS staff will reconsider payment methodology recommendations, and the workgroup will formulate its final recommendation to the HCPCS National Panel. Sometime by November 2004, the HCPCS National Panel will mail letters to every requestor of its final decision. The 2005 HCPCS Level II Annual Update, including any coding changes, will be effective January 1st 2005, and will be published at:

www.cms.hhs.gov/providers/pufdownload/anhpcdl.asp.

There are no additional DME Public Meetings scheduled for 2004. The dates of the 2005 Public Meetings have not been established, but will be published in a Federal Register Notice in Spring, 2005.

On September 1, 2004 a special meeting to discuss proposed recommendations on coding and payment for power wheelchairs will be held. This meeting provides a forum for interested parties to hear various proposals presented to CMS regarding changes to wheelchair coding. The meeting will be held in CMS Auditorium from 1:00 p.m. through 5:00 p.m. You can register at www.cms.hhs.gov/medicare/hcpcs/default.asp.

Cindy Hake of CMS thanked the participants for their very valuable input at the meeting, and for all the time and effort that was spent on the presentations.

Robin Williams also thanked the audience for their participation, and officially adjourned the meeting.