

# **CENTERS for MEDICARE & MEDICAID SERVICES (CMS)**

## **SUMMARY REPORT**

### **DURABLE MEDICAL EQUIPMENT (DME) PUBLIC MEETING**

**June 25<sup>th</sup>, 2003**

#### **INTRODUCTION AND OVERVIEW**

John Lanigan, CMS Office of Professional Relations, moderated the meeting. Approximately 50 people attended. The agenda included 21 items.

Laurence Wilson, in his new role as Director, CMS Center for Medicare Management, Chronic Care Policy Group, welcomed the participants and offered opening remarks. He discussed the public meeting forum in relation to the requirements of BIPA 2000, and as being consistent with CMS's Plan to Create and Open and Responsive Federal Agency. Mr. Wilson invited active participation from the audience, as the public meeting forum provides an opportunity for CMS to receive and act on feedback from our partners in industry.

Cindy Hake provided an overview of the DME public meeting process and the overall HCPCS coding process. 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 the 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, the Health Insurance Association of America, 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.

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 requesters 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 2003 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 ITEMS – June 25, 2003 Public Meeting for new DME**

### **AGENDA ITEM # 1, Attachment #03.144**

Request to establish a code for a postural car seat, Trade Name: Positioning Car Seat.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Establish the following “T” code:  
T????-Therapeutic positioning seat for use in vehicles.

**Payment:** This item is not considered DME and would not be paid for under Medicare. However, a T code is recommended for Medicaid use.

There was no Primary Speaker for this item.

### **AGENDA ITEM # 2, Attachment # 03.100**

Request to establish a code for an orthopedic car seat, Trade Name: Orthopedic Positioning Auto Safety Seat.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Establish the following “T” code:  
T????-Therapeutic positioning seat for use in vehicles.

**Payment:** This item is not considered DME and would not be paid for under Medicare. However, a T code is recommended for Medicaid use.

There was no Primary Speaker for this item.

### **AGENDA ITEM # 3, Attachment # 03.112**

Request to establish a code for a pedi-crib Trade Name: Pediatric Crib.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Establish the following “E” code.

E???? Pediatric crib, hospital grade, fully enclosed.

**Payment:** Code E???? would fall under the DME fee schedule payment category for inexpensive or routinely purchased items (pricing indicator of 32 in the HCPCS). If covered, payment would be made on a purchase basis. The fee schedule amounts would be gap-filled by the DMERCs.

There was no Primary Speaker for this item.

**AGENDA ITEM # 4, Attachment # 03.91**

Request to establish a code for a three-piece pediatric headrest, Trade Name: Southwest medical online pediatric three-piece headrest.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Establish the following “E” code:

E???? Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each.

**Payment:** Code E???? would fall under the DME fee schedule payment category for inexpensive or routinely purchased items (pricing indicator of 32 in the HCPCS). If covered, payment would be made on a purchase basis. The fee schedule amounts would be gap-filled by the DMERCs.

There was no Primary Speaker for this item.

**AGENDA ITEM # 5, Attachment # 03.103**

Request to establish a code for a head support, Trade Name: Southwest Medical Inc. Support, Head.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Use newly established “E” code:

E???? Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each.

**Payment:** Code E???? would fall under the DME fee schedule payment category for inexpensive or routinely purchased items (pricing indicator of 32 in the HCPCS). If covered, payment would be made on a purchase basis. The fee schedule amounts would be gap-filled by the DMERCs.

There was no Primary Speaker for this item.

**AGENDA ITEM # 6, Attachment # 03.88&03.101 (A&B)**

- A) Request to establish a code for an air pressure mattress with self adjusting valves, Trade Name: AtmosAir
- B) Request to establish a code for specialized beds or mattresses, Trade Name: KinAir III.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendations to the HCPCS National Panel: Use the following existing codes.

(03.101) Use existing code E0193 “POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)” for the KinAir III, KinAir IV, the TheraPulse, the BariAir, the Triadyne Proventa, the Triadyne II and the PediDyne.

(03.101) E0180 “PRESSURE PAD, ALTERNATING WITH PUMP” for the “FIRST STEP Select and the FIRST STEP Advantage.

(03.101) E0181 “PRESSURED PAD, ALTERNATING WITH PUMP, HEAVY DUTY for the FIRST STEP Select, Heavy Duty.

(03.88) E0186 “AIR PRESSURE MATTRESS” for the AtmosAir air pressure mattress.

**Payment:** (03.101) Codes E0180, E0181, and E0193 fall under the DME fee schedule payment category for capped rental items (pricing indicator of 36 in the HCPCS). If covered, payment would be made on a rental basis. The national, monthly rental, fee schedule ceiling for E0180 is currently \$21.73 and the floor is \$18.47. The national, monthly rental, fee schedule ceiling for E0181 is currently \$24.08 and the floor is \$20.47. The national, monthly rental, fee schedule ceiling for E0193 is currently \$903.46 and the floor is \$767.94

(03.88) Code E0186 falls under the DME fee schedule payment category for capped rental items (pricing indicator of 36 in the HCPCS). If covered, payment would be made on a rental basis. The national, monthly rental, fee schedule ceiling for E0186 is currently \$20.30 and the floor is \$17.26.

Primary Speaker – Susan Morris of KCI disagreed with the preliminary coding recommendation of the CMS HCPCS Workgroup to use existing codes. It is KCI’s position that, although the products under review do meet the minimum specifications of the existing codes, sufficient differentiation of product features and benefits exist to warrant new codes.

**AGENDA ITEM # 7, Attachment # 03.79 & 03.80 (A & B)**

- A) Request to establish a code for glucose monitoring device, Trade Name: Gluco Watch G2 Automatic Glucose Biographer.
- B) Request to establish a code for a plastic sensor to be used with the Gluco Watch, Trade Name: Auto Sensors

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: For each request (the GlucoWatch and the AutoSensors), use existing code A9270 (non-covered item or service) for Medicare; and S1030 for other payers “continuous, non-invasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)”.

**Payment:** These items are not covered; therefore, no payment determination is necessary.

Primary Speaker – Dr. Steven V. Edelman, MD disagreed with the preliminary coding recommendation of the CMS HCPCS Workgroup. He indicated that the Gluco Watch device is a monitoring device, not a diagnostic tool, that it is officially not intended to replace the glucose meter, and in fact the glucose meter is needed to calibrate the Gluco Watch; however the Gluco Watch is needed to monitor trends and to detect unexpected bouncing up and down of blood glucose levels.

“5 –Minute” Speaker from Sankyo Pharma discussed the indications for detecting trends and tracking patterns in high-risk patients.

**AGENDA ITEM # 8, Attachment # 03.108**

Request to establish a code for a blood glucose monitor, Trade Name: FreeStyle Tracker

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Use existing code A9900, miscellaneous DME supply, accessory, and/or service component of another HCPCS code. This is a convenience item, not primarily medical in nature.

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

Primary Speaker – Tae Andrews of TheraSense, Inc. requested that E0607 “Blood Glucose Monitor” be revised to read “Blood Glucose Monitor or Module”, and redefined to include devices that are plugged in or attached (e.g. to a PDA), in order to obtain results. He clarified that their request is to code just the device, not the pump or the PDA.

**AGENDA ITEM # 9, Attachment # 03.72**

Request to establish a code for a humidification chamber, Trade Name: HC 325 and HC 345 Humidification Chamber.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel to establish the following “A” code:

A???? Replacement water chamber for humidifier, used with positive airway pressure device, each.

**Payment:** Code A???? would fall under the DME fee schedule payment category for inexpensive or routinely purchased items (pricing indicator of 32 in the HCPCS). If covered, payment would be made on a purchase basis. The fee schedule amounts would be gap-filled by the DMERCs.

Primary Speaker – Steve Moore of Fisher & Paykel Healthcare, Inc. agreed the CMS HCPCS Workgroup’s preliminary recommendation to the HCPCS National Panel.

**AGENDA ITEM # 10, Attachment # 03.84**

Request to establish a code for a high flow humidification system, Trade Name: Vapotherm.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Use existing code A9270, (non-covered item or service) for Medicare.

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

Primary Speaker – Dr. Jerry Criner, MD, discussed the technical differences between traditional oxygen therapy and the high flow humidification system. He described the indications for use of a high-flow humidification system, and how the system is safely used in the home setting.

“5-Minute” Speaker – Elaine Parreco, provided personal testimony regarding her father’s use of the Vapotherm in his home.

**AGENDA ITEM # 11, Attachment # 03.89**

Request to establish a code for a data management accessory for CPAP, Trade Name: Encore PorSmart Card Technology.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Use existing code A9900. This product attaches to the CPAP and monitors compliance and the therapeutic history. It is included in the cost and payment of the predicate device, therefore, it is appropriately coded at A9900, miscellaneous DME supply, accessory, and/or service component of another HCPCS code.

**Payment:** Payment is included in the payment for the CPAP device (code E0601).

Primary Speaker – Dr. Mark Sanders, MD, U. of Pittsburgh School of Medicine, disagreed with the preliminary coding recommendation, indicating that A9900 is inadequate to describe downloadable technology used in conjunction with a CPAP or Bilevel device; that the fee schedule for E0601 is inadequate to allow for reimbursement of accessories and/or features not standard with all CPAP devices; and that HIPAA requirements will eliminate the ability for third party insurers to assign modifiers to the existing HCPCS codes to assign modifiers to permit more favorable reimbursement rates.

**AGENDA ITEM # 12, Attachment # 03.110**

Request to establish a code for a non-continuous ventilator, Trade Name: REMstar Pro with C-Flex CPAP system.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Use existing code K0532, respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device).

**Payment:** Code K0532 falls under the DME fee schedule payment category for capped rental items (pricing indicator of 36 in the HCPCS). Payment is made on a rental basis. The national, monthly rental fee schedule ceiling for K0532 is currently \$256.60 and the floor is \$218.11.

Primary Speaker – Dr. Mark Sanders, MD, U. of Pittsburgh School of Medicine disagreed with the preliminary coding recommendation of the CMS HCPCS Workgroup, indicating that the product is different from a BiPap because it does not augment ventilation; it is a technological advancement over traditional CPAP therapy; and HIPAA requirements will eliminate the ability for third party insurers to assign modifiers to the existing HCPCS codes to assign modifiers to permit more favorable reimbursement rates.

**AGENDA ITEM # 13, Attachment # 03.57**

Request to establish a code for a lumbar passive motion device, Trade Name: LPM 100.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Not to establish a new code due to low volume of documented use. Use existing code E1399, Durable Medical Equipment, miscellaneous.

**Payment:** Claims for items billed using code E1399 (DME, Miscellaneous) 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 E1399. The DMERCs will assign the items to a DME fee schedule category. The HCPCS pricing indicator for code E1399 is 46 for “carrier priced.”

Primary Speaker – Nancy Morrell of American Medical Devices, Inc. disagreed with the preliminary coding recommendation of the CMS HCPCS Workgroup not to establish a code due to low volume of documented use, indicating that the LPM 100 is specific to back injuries, and that several thousand of the devices had been used since 1992. She asked for the assignment of a code specific to this item to the LPM 100.

**AGENDA ITEM # 14, Attachment # 03.69**

Request to establish a code for a wearable, automatic defibrillator, Trade Name: Life Vest Wearable Cardioverter Defibrillator (WCD).

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Use newly established codes K0606 (AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMET TYPE), K0607 (REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, EACH), and K0609 (REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, EACH).

**Payment:** Code K0606 has been classified under the DME fee schedule payment category for capped rental items (pricing indicator of 36 in the HCPCS). If covered, payment would be made on a rental basis. CMS and the DMERCs are currently gathering pricing information for use in establishing the fee schedule amounts for this code. We do not expect that a fee schedule will be established for this code before October 1, 2003. In the interim the DMERCs will make payment based on their individual consideration of each claim.

Code K0607 has been classified under the DME fee schedule payment category for inexpensive or routinely purchased items (pricing indicator of 32 in the HCPCS). If covered, payment would be made on a purchase or rental basis. The national, purchase fee schedule ceiling to be implemented on July 1, 2003, for K0607 will be \$194.23 and the floor will be \$165.10. The national, monthly rental, fee schedule ceiling to be implemented on July 1, 2003, for K0607 will be \$19.43 and the floor will be \$16.52. Code K0609 has been classified under the DME fee schedule payment category for DME supplies (pricing indicator of 34 in the HCPCS). If covered, payment would be made on a purchase basis. The national, purchase fee schedule ceiling to be implemented on July 1, 2003, for K0609 will be \$806.09 and the floor will be \$685.18.

Primary Speaker – Dr. Steven Szymkiewicz, MD of LIFECOR, did not disagree with the Workgroup’s preliminary recommendation, but he suggested that the proposed code language might be confused with a general Automatic External Defibrillator (AED). He testified that the Wearable Cardioverter Defibrillator (WCD) provides rapid and fully automatic defibrillation, similar to an Implantable Cardioverter Defibrillator (ICD), except the WCD does not require surgery. He indicated that fully automatic defibrillation is different from relying on a bystander to operate a defibrillator, as is the case with an AED. He also indicated that WCDs and AEDs have different indications for use.

**AGENDA ITEM # 15, Attachment # 03.71**

Request to establish a code for a flow pump, Trade Name: Aircast Arterial Flow Pump 32-A.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Use existing Code E0651 pneumatic compressor, segmental home model without calibrated gradient pressure for the compressor, and use E1399 for the cuff.

**Payment:** Code E0651 falls under the DME fee schedule payment category for inexpensive or routinely purchased items (pricing indicator of 32 in the HCPCS). Payment is made on a purchase or rental basis. The national, purchase fee schedule ceiling for E0651 is currently \$918.42 and the floor is \$780.66. The national, monthly rental, fee schedule ceiling for E0651 is currently \$93.82 and the floor is \$79.75.

Claims for items billed using code E1399 (DME, Miscellaneous) 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 E1399. The DMERCs will assign the items to a DME fee schedule category. The HCPCS pricing indicator for code E1399 is 46 for “carrier priced.”

Primary Speaker – Esther Scherb of Latham & Watkins , LLP, disagreed with the preliminary recommendation. She indicated that the Aircast Arterial Flow Pump has more a more rapid rise and more inflation cycles per minute than other products coded at E0651; that there are different indications for use of an Arterial Flow Pump vs. other products coded at E0651; and that, in fact, products classified under E0651 may be contraindicated for patients with conditions treated with the Arterial Flow Pump.

#### **AGENDA ITEM # 16, Attachment # 03.83**

Request to establish a code for a pneumatic compression device, Trade Name: Art Assist.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Use existing code E0651 “pneumatic compressor, segmental home model without calibrated gradient pressure” for the compressor, and E1399 for the cuff.

**Payment:** Code E0651 falls under the DME fee schedule payment category for inexpensive or routinely purchased items (pricing indicator of 32 in the HCPCS). Payment is made on a purchase or rental basis. The national, purchase fee schedule ceiling for E0651 is currently \$918.42 and the floor is \$780.66. The national, monthly rental, fee schedule ceiling for E0651 is currently \$93.82 and the floor is \$79.75.

Claims for items billed using code E1399 (DME, Miscellaneous) 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 E1399. The DMERCs will assign the items to a DME fee schedule category. The HCPCS pricing indicator for code E1399 is 46 for “carrier priced”.

Primary Speaker – Ed Arkans of ACI Medical, Inc., disagreed with the preliminary recommendation. He indicated that lymphedema devices are contraindicated for patients with Peripheral Arterial Disease, (PAD), that the ArtAssist is used for treating PAD, and so the

ArtAssist should not be classified in the same category as Lynphedema devices. He discussed functional differences between the devices, such as cycle frequency.

**AGENDA ITEM # 17, Attachment # 03.50**

Request to establish a code for a low-pressure pulse, generator, Trade Name: Menniett Low Pressure Pulse Generator.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Establish the following “E” code for the pulse generator system, and establish an “A” code for a replacement battery:

E???? – PULSE GENERATOR SYSTEM FOR THE TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID

A???? – REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH

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

Code A???? would fall under the DME fee schedule payment category for inexpensive or routinely purchased items (pricing indicator of 32 in the HCPCS). If covered, payment would be made on a purchase basis. The fee schedule amounts would be gap-filled by the DMERCs.

There was no Primary Speaker for this item.

**AGENDA ITEM # 18, Attachment # 03.109**

Request to establish a code for an integrated electrode garment system, Trade Name: BioBelt, BioVest, BioSleeve, and Bio Unitard Integrated NMES/TENS Pain Management System.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Use existing code E0731 “form fitting conductive garment for delivery of TENS or NMES” for the garments. Independently pursue the AMA via a separate application for consideration of a CPT code for the service component.

**Payment:** Code E0731 falls under the DME fee schedule payment category for inexpensive or routinely purchased items (pricing indicator of 32 in the HCPCS). Payment is made on a purchase basis. The national, purchase fee schedule ceiling for E0731 is currently \$356.69 and the floor is \$303.19.

Primary Speaker – Philip Muccio of Bioflex Electromedicine, Inc. indicated that code E0731 describes the device only, and does not describe the professional services component, (measuring, customization, technical time, modifications, follow-up), associated with obtaining a

Wearable Therapy System. He added that the garments that are the subject of this application look different than those coded at E0731. Mr. Muccio requested the establishment of a code for a wearable therapy evaluation to determine candidacy, and a code for the wearable therapy system itself.

**AGENDA ITEM # 19, Attachment # 03.46**

Request to establish a code for continuous cold therapy, Trade Name: DeRoyal Cryotherapy T 305 A.T.C.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Use existing code E0218, “water circulating cold pad with pump”.

**Payment:** The DMERCs have decided that items falling under the E0218 category are not covered. Therefore, Medicare currently makes no payment for items in this category.

Primary Speaker – Jim Pior, Government Relations, DeRoyal, respectfully disagreed with the coding and the payment recommendation. He claimed that the DeRoyal Cryotherapy device is “substantially new technology”, the key difference being temperature control. Mr. Pior requested that Medicare pay for effective cryotherapy.

**AGENDA ITEM # 20, Attachment # 03.70**

Request to establish a code for sleep apnea breathing device, Trade Name: Autoset Spirit auto-adjusting respiratory device.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Use existing code E0601 CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE, because this product is another form of CPAP.

**Payment:** Code E0601 falls under the DME fee schedule payment category for capped rental items (pricing indicator of 36 in the HCPCS). If covered, payment would be made on a rental basis. The national, monthly rental, fee schedule ceiling for E0601 is currently \$111.71 and the floor is \$94.95.

Primary Speaker – Ron Richard of ResMed, disagreed with the coding recommendation of the HCPCS Workgroup. He said there are technical differences between the CPAP and the AutoPAP; the AutoPAP is more intelligent and intuitive than the CPAP; the AutoPAP “adjusts on a breath-to-breath basis”; and it is intermediate therapy between the CPAP and before going to the BiPAP. Dr. Hill requested a new code that is neither BiPAP nor CPAP.

“5-Minute” Speaker – Grant Bagley, MD, JD, expressed his opinion that codes are needed to describe new technology, and that it is unnecessary to try to fit new technology into old codes.

**AGENDA ITEM # 21 Attachment # 03.74**

Request to establish a code for a transfer medical bed, Trade Name: Vivax Mobility System.

**Coding Recommendation:** CMS HCPCS Workgroup preliminary recommendation to the HCPCS National Panel: Not to establish a code due to low volume of documented use and use existing code E1399.

**Payment:** Claims for items billed using code E1399 (DME, Miscellaneous) 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 E1399. The DMERCs will assign the items to a DME fee schedule category. The HCPCS pricing indicator for code E1399 is 46 for “carrier priced.”

Primary Speaker – Tom Ellen - Vivax Medical Corporation indicated that no code fits the technology of the Vivax Mobility System. He claimed that DME dealers do not want to have to bill under E1399, and a code is needed in order to increase sales volume.

## **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. By November 15, 2003, the HCPCS National Panel will mail letters to every requestor of its final decision. The 2004 HCPCS Level II Annual Update, including any coding changes, will be effective January 1<sup>st</sup> 2004, and will be published at: [www.cms.hhs.gov/providers/pufdownload/anhpcdl.asp](http://www.cms.hhs.gov/providers/pufdownload/anhpcdl.asp)

There are no additional DME Public Meetings scheduled for 2003. The dates of the 2004 Public Meetings have not yet been established, but will be published in a Federal Register Notice by Spring, 2004.

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.

John Lanigan also thanked the audience for their participation, and officially adjourned the meeting.

