

SADMERC/PDAC LETTERS

Aerosol Masks

- [SADMERC Baby Mask Size 0 022F90](#)
- [SADMERC Baby Mask Size 1 022F91](#)
- [SADMERC Baby Mask Size 2 022F92](#)

Holding Chambers

- [SADMERC Chloe Ladybug and Felix Frog Masks 044F5110, 044F5210](#)

Compressors

- [PDAC Vios® System 310F83-LC+ and 310F83-P](#)
- [PDAC Vios® System 310F35-LCS and 310F35-P](#)
- [PDAC PRONEB® MAX 130F35-LCS and 130F83-LC+](#)
- [SADMERC Trek® S Combo Pack 047F35-LCS](#)
- [SADMERC Trek® S with DC Adapter 047F45-LCS](#)

Nebulizers

- [SADMERC LC PLUS® Reusable Nebulizer 22F81](#)
- [SADMERC LC® Sprint Reusable Nebulizer 23F35](#)
- [SADMERC LC® Star Reusable Nebulizer 22F51](#)



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

January 15, 2004

Lawrence Weinstein
PARI Respiratory Equipment
2943 Oak Lake Blvd.
Midlothian, VA 23112

Re: PARI Baby Nebulizer Set (Size 0) (Model 22F90)

Dear Mr. Weinstein:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on January 14, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the PARI Baby Nebulizer Set (Size 0) (Model 22F90) meets the description for an administration set as defined in the DMERC Medical Policy for Nebulizer Policy. Therefore, the correct Medicare billing code(s) for the product(s) is/are

A7005 Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC and four DMERCs. Any modifications to this product could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to this product should in no way be construed as an approval or endorsement of this product by SADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

Should you disagree with this coding decision, a re-review of the product(s) can be initiated. The SADMERC will provide a re-review if the request is made within 45 days of the date of this letter and additional documentation is provided supporting the request. If a request for a re-review is made after 45 days, the request is treated as a new Coding Verification Review and a complete application must be submitted along with the additional documentation supporting the request.

Palmetto GBA

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

A CMS Contracted Intermediary and Carrier



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

January 15, 2004

Lawrence Weinstein
PARI Respiratory Equipment
2943 Oak Lake Blvd.
Midlothian, VA 23112

Re: PARI Baby Nebulizer Set (Size 1) (Model 22F91)

Dear Mr. Weinstein:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on January 14, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the PARI Baby Nebulizer Set (Size 1) (Model 22F91) meets the description for an administration set as defined in the DMERC Medical Policy for Nebulizer Policy. Therefore, the correct Medicare billing code(s) for the product(s) is/are

A7005 Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC and four DMERCs. Any modifications to this product could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to this product should in no way be construed as an approval or endorsement of this product by SADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

Should you disagree with this coding decision, a re-review of the product(s) can be initiated. The SADMERC will provide a re-review if the request is made within 45 days of the date of this letter and additional documentation is provided supporting the request. If a request for a re-review is made after 45 days, the request is treated as a new Coding Verification Review and a complete application must be submitted along with the additional documentation supporting the request.

Palmetto GBA

Statistical Analysis Durable Medical Equipment Regional Carrier
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MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

January 15, 2004

Lawrence Weinstein
PARI Respiratory Equipment
2943 Oak Lake Blvd.
Midlothian, VA 23112

Re: PARI Baby Nebulizer Set (Size 2) (Model 22F92)

Dear Mr. Weinstein:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on January 14, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the PARI Baby Nebulizer Set (Size 2) (Model 22F92) meets the description for an administration set as defined in the DMERC Medical Policy for Nebulizer Policy. Therefore, the correct Medicare billing code(s) for the product(s) is/are

A7005 Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC and four DMERCs. Any modifications to this product could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to this product should in no way be construed as an approval or endorsement of this product by SADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

Should you disagree with this coding decision, a re-review of the product(s) can be initiated. The SADMERC will provide a re-review if the request is made within 45 days of the date of this letter and additional documentation is provided supporting the request. If a request for a re-review is made after 45 days, the request is treated as a new Coding Verification Review and a complete application must be submitted along with the additional documentation supporting the request.

Palmetto GBA

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

A CMS Contracted Intermediary and Carrier



**Pricing, Data Analysis
and Coding (PDAC)**
900 42nd Street South
PO Box 6167
Raleigh, N.C. 27609-6167

November 15, 2011

**PARI RESPIRATORY EQUIPMENT INC
ATTN MIKE JUDGE
2943 OAK LAKE BOULEVARD
MIDLOTHIAN VA 23112**

Re: Assigned HCPCS Codes for DME Billing

Xref#: 16449376

**Product: VORTEX NON ELECTROSTATIC VALVED HOLDING CHAMBER WITH
TODDLER LADYBUG MASK, VORTEX NON ELECTROSTATIC VALVED
HOLDING CHAMBER WITH CHILD FROG MASK**

Model number: 051F5110, 051F5210

Dear Mr. Judge:

The Pricing, Data Analysis, and Coding (PDAC) Contractor provides Healthcare Common Procedural Coding System (HCPCS) assistance to manufacturers to ensure proper coding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The PDAC has reviewed the above listed products. It is our determination that the Medicare HCPCS code to use when billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) is:

A4627 - SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER.

The PDAC provides coding decisions based on the coding guidelines established by the Local Coverage Determination (LCD) and associated policy article developed by the DME MACs. All products submitted to PDAC for a coding verification review are carefully examined by coders and professionals following a formal, standardized process.

This decision applies to the application that we received on October 6, 2011. If information submitted in that application has changed or were to change, it could impact our decision. Therefore, a new application would need to be submitted for HCPCS coding verification review. This coding decision will be available within ten (10) working days on the Durable Medical Equipment Coding System (DMECS), which is



June 17, 2016

PARI RESPIRATORY EQUIPMENT INC
2412 PARI WAY
MIDLOTHIAN VA 23112

Re: Assigned HCPCS Codes for DME Billing

Xref: 48506759

VIOS AEROSOL DELIVERY SYSTEM	PARI RESPIRATORY EQUIPMENT INC	310F83-LC+	E0570+A7005
VIOS AEROSOL DELIVERY SYSTEM PEDIATRIC	PARI RESPIRATORY EQUIPMENT INC	310F83-P	E0570+A7005+A7015

Dear Kimberly Norris:

The Pricing, Data Analysis, and Coding (PDAC) Contractor has reviewed the product(s) listed above and has approved the listed Healthcare Common Procedure Coding System (HCPCS) code(s) for billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs).

The PDAC Contractor provides coding assistance to manufacturers to ensure proper coding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The PDAC publishes coding decisions based on the coding guidelines established by the Local Coverage Determinations (LCDs) and associated Policy Articles and any related Advisory Articles established by the DME MACs. All products submitted to the PDAC for a coding verification review are examined by coders and professionals following a formal, standardized process.

The PDAC has reviewed the above listed product(s). Based on this review and application of DME MAC policy, the HCPCS code(s) listed below should be used when billing the DME MACs:

E0570 - NEBULIZER, WITH COMPRESSOR

A7005 - ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE

A7015 - AEROSOL MASK, USED WITH DME NEBULIZER

Model number 310F83-P comes with a fish aerosol mask; therefore, HCPCS code A7015 is also assigned.

This decision applies to the application we received on April 12, 2016. If information submitted in that application has changed or were to change, it could impact our decision. Therefore, a new application would need to be submitted for HCPCS coding verification review. The coding assigned in this decision letter will be available on the Product Classification List (PCL) on the Durable Medical Equipment Coding System (DMECS) within ten (10) working days from the letter's date. The DMECS can be accessed on the PDAC website, www.dmepdac.com. Please take the time to verify that this coding decision is correctly reflected in DMECS.

If you disagree with this decision, you may request a reconsideration within 45 days of the letter's date and provide evidence to substantiate a reconsideration of PDAC's original coding determination. To request a reconsideration, complete the Reconsideration Request form located on the PDAC website at <https://www.dmepdac.com/review/requesting.html>. If your request for a reconsideration is made after the 45-day time frame, it will require a new application and documentation to support the request.

It is the responsibility of manufacturers and distributors to notify the PDAC immediately of any changes involving their products, as listed on the PCL on DMECS. Further information for requesting updates to the PCL can be found on the PDAC website at <https://www.dmepdac.com/review/notifying.html>. It is also the responsibility of manufacturers and distributors to assure their websites and product marketing materials accurately reflect the product reviewed by the PDAC and the coding decision assigned.

An assignment of the HCPCS code(s) to product(s) is not an approval or endorsement of the product(s) by Medicare or Noridian Healthcare Solutions; nor does it imply or guarantee claim reimbursement or coverage.

If you have questions about policy, claim coverage or reimbursement, please contact the DME MAC for your jurisdiction. For other questions, contact the PDAC Contact Center at the address listed above or by telephone at (877) 735-1326. The Contact Center is open Monday through Friday from 8:30 a.m. to 4 p.m. CT.

Sincerely,

PDAC
Noridian Healthcare Solutions, LLC
www.dmepdac.com

June 16, 2016

PARI RESPIRATORY EQUIPMENT INC
2412 PARI WAY
MIDLOTHIAN VA 23112

Re: Assigned HCPCS Codes for DME Billing

Xref: 48506756

VIOS AEROSOL DELIVERY SYSTEM	PARI RESPIRATORY EQUIPMENT INC	310F35-LCS	E0570+A7005
VIOS AEROSOL DELIVERY SYSTEM PEDIATRIC	PARI RESPIRATORY EQUIPMENT INC	310F35-P	E0570+A7005 +A7015

Dear Kimberly Norris:

The Pricing, Data Analysis, and Coding (PDAC) Contractor has reviewed the product(s) listed above and has approved the listed Healthcare Common Procedure Coding System (HCPCS) code(s) for billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs).

The PDAC Contractor provides coding assistance to manufacturers to ensure proper coding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The PDAC publishes coding decisions based on the coding guidelines established by the Local Coverage Determinations (LCDs) and associated Policy Articles and any related Advisory Articles established by the DME MACs. All products submitted to the PDAC for a coding verification review are examined by coders and professionals following a formal, standardized process.

The PDAC has reviewed the above listed product(s). Based on this review and application of DME MAC policy, the HCPCS code(s) listed below should be used when billing the DME MACs:

E0570 - NEBULIZER, WITH COMPRESSOR

A7005 - ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE

A7015 - AEROSOL MASK, USED WITH DME NEBULIZER

The pediatric version model 310F35-P comes with a fish aerosol mask. Therefore, HCPCS code A7015 is also assigned.

This decision applies to the application we received on April 12, 2016. If information submitted in that application has changed or were to change, it could impact our decision. Therefore, a new application would need to be submitted for HCPCS coding verification review. The coding assigned in this decision letter will be available on the Product Classification List (PCL) on the Durable Medical Equipment Coding System (DMECS) within ten (10) working days from the letter's date. The DMECS can be accessed on the PDAC website, www.dmepdac.com. Please take the time to verify that this coding decision is correctly reflected in DMECS.

If you disagree with this decision, you may request a reconsideration within 45 days of the letter's date and provide evidence to substantiate a reconsideration of PDAC's original coding determination. To request a reconsideration, complete the Reconsideration Request form located on the PDAC website at <https://www.dmepdac.com/review/requesting.html>. If your request for a reconsideration is made after the 45-day time frame, it will require a new application and documentation to support the request.

It is the responsibility of manufacturers and distributors to notify the PDAC immediately of any changes involving their products, as listed on the PCL on DMECS. Further information for requesting updates to the PCL can be found on the PDAC website at <https://www.dmepdac.com/review/notifying.html>. It is also the responsibility of manufacturers and distributors to assure their websites and product marketing materials accurately reflect the product reviewed by the PDAC and the coding decision assigned.

An assignment of the HCPCS code(s) to product(s) is not an approval or endorsement of the product(s) by Medicare or Noridian Healthcare Solutions; nor does it imply or guarantee claim reimbursement or coverage.

If you have questions about policy, claim coverage or reimbursement, please contact the DME MAC for your jurisdiction. For other questions, contact the PDAC Contact Center at the address listed above or by telephone at (877) 735-1326. The Contact Center is open Monday through Friday from 8:30 a.m. to 4 p.m. CT.

Sincerely,

PDAC
Noridian Healthcare Solutions, LLC
www.dmepdac.com



Pricing, Data Analysis and Coding Contract (PDAC)

November 11, 2020

ASHLEY WEIGAND
PARI RESPIRATORY EQUIPMENT INC
2412 PARI WAY
MIDLOTHIAN, VA 23112

Document Control Number (DCN): 20262C24100013

Manufacturer Name	Product Name	Model Number	Assigned HCPCS Code(s)
PARI RESPIRATORY EQUIPMENT INC	PRONEB MAX	130F35-LCS	E0570+A7005
PARI RESPIRATORY EQUIPMENT INC	PRONEB MAX	130F83-LC+	E0570+A7005

Dear ASHLEY WEIGAND,

The Pricing, Data Analysis, and Coding (PDAC) Contractor has reviewed the product(s) listed above and has approved the listed Healthcare Common Procedure Coding System (HCPCS) code(s) for billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs).

The PDAC Contractor provides coding assistance to manufacturers to ensure proper coding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The PDAC publishes coding decisions based on the coding guidelines established by the Local Coverage Determinations (LCDs) and associated Policy Articles and any related Advisory Articles established by the DME MACs. All products submitted to the PDAC for a coding verification review are examined by coders and professionals following a formal, standardized process.

Based on this review and application of DME MAC policy, the HCPCS code(s) listed below should be used when billing the DME MACs:



E0570 NEBULIZER, WITH COMPRESSOR

A7005 ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE

If you disagree with this decision, you may request a reconsideration within 45 days of the letter's date and provide evidence to substantiate a reconsideration of PDAC's original coding determination. To request a reconsideration, complete the Reconsideration Request form located on the PDAC website at www.dmepdac.com. If your request for a reconsideration is made after the 45-day time frame, it will require a new application and documentation to support the request.

It is the responsibility of manufacturers and distributors to notify the PDAC immediately of any changes involving their products, as listed on the Product Classification List (PCL) on the Durable Medical Equipment Coding System (DMECS). Further information for requesting updates to the PCL can be found on the PDAC website at www.dmepdac.com. It is also the responsibility of manufacturers and distributors to assure their websites and product marketing materials accurately reflect the product reviewed by the PDAC and the coding decision assigned.

An assignment of the HCPCS code(s) to product(s) is not an approval or endorsement of the product(s) by Medicare or Palmetto GBA; nor does it imply or guarantee claim reimbursement or coverage.

If you have questions, please contact the PDAC HCPCS Helpline at (877) 735-1326 during the hours of 9:30 a.m. to 5:00 p.m. ET, Monday through Friday. You may also visit our [website](#) to chat with one of our representatives or select the Contact Us button at the top of the page for email, FAX or postal mail information.

Sincerely,

Pricing, Data Analysis, and Coding Contract (PDAC)
Palmetto GBA, LLC
www.dmepdac.com



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

September 25, 2006

Lawrence Weinstein
Vice President of Product Technology
PARI Respiratory Equipment, Inc.
2943 Oak Lake Boulevard
Midlothian, VA 23112

Re: PARI TREK S Combination Pack (Model 47F35-LCS)

Dear Mr. Weinstein:

This letter is in response to your recent inquiry for coding verification of the above listed product(s) manufactured by your company. The Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) has reviewed the documentation and information submitted for HCPCS Coding. The SADMERC conducts reviews of products to determine the correct HCPCS code(s) of DMEPOS product(s) for Medicare billing.

It is our determination that the Medicare HCPCS code(s) to bill the four Durable Medical Equipment Regional Carriers (DMERCs) is/are:

E0571 Aerosol compressor, battery powered, for use with small volume nebulizer.

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC. Any modifications to the product(s) could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to the product(s) should in no way be construed as an approval or endorsement of the product(s) by SADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

Should you disagree with this coding decision, a re-review of the product(s) can be initiated. The SADMERC will provide a re-review if the request is made within 45 days of the date of this letter and additional documentation is provided supporting the request. If a request for a re-review is made after 45 days, the request is treated as a new Coding Verification Review and a complete application must be submitted along with the additional documentation supporting the request.

Palmetto GBA

Statistical Analysis Durable Medical Equipment Regional Carrier
Post Office Box 100143 • Columbia, South Carolina • 29222-3143

A CMS Contracted Intermediary and Carrier

Should you have any questions regarding this decision, please contact me at the address below or by telephone at (805) 763-8707.

Sincerely,

Bobbie Taylor, RN
Bobbie Taylor, RN
HCPCS Medical Analyst
SADMERC



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

September 25, 2006

Lawrence Weinstein
Vice President of Product Technology
PARI Respiratory Equipment, Inc.
2943 Oak Lake Boulevard
Midlothian, VA 23112

Re: PARI TREK S Compact Compressor with 12 Volt DC Adapter (Model 47F45-LCS)

Dear Mr. Weinstein:

This letter is in response to your recent inquiry for coding verification of the above listed product(s) manufactured by your company. The Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) has reviewed the documentation and information submitted for HCPCS Coding. The SADMERC conducts reviews of products to determine the correct HCPCS code(s) of DMEPOS product(s) for Medicare billing.

It is our determination that the Medicare HCPCS code(s) to bill the four Durable Medical Equipment Regional Carriers (DMERCs) is/are:

E0570 Nebulizer, with compressor.

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC. Any modifications to the product(s) could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to the product(s) should in no way be construed as an approval or endorsement of the product(s) by SADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

Should you disagree with this coding decision, a re-review of the product(s) can be initiated. The SADMERC will provide a re-review if the request is made within 45 days of the date of this letter and additional documentation is provided supporting the request. If a request for a re-review is made after 45 days, the request is treated as a new Coding Verification Review and a complete application must be submitted along with the additional documentation supporting the request.

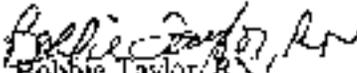
Palmetto GBA

Statistical Analysis Durable Medical Equipment Regional Carrier
Post Office Box 103143 • Columbia, South Carolina • 29202-3143

A CMS Contracted Intermediary and Carrier

Should you have any questions regarding this decision, please contact me at the address below or by telephone at (803) 763-8707.

Sincerely,


Bobbie Taylor, RN
HCPCS Medical Analyst
SADMERC



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

January 20, 2004

Lawrence Weinstein
PARI Respiratory Equipment
2943 Oak Lake Blvd.
Midlothian, VA 23112

Re: LC Plus Reusable Nebulizer (Model 22F81)

Dear Mr. Weinstein:

The letter that you received dated January 15, 2004 contains an error in the product model number. This letter is a correction to that letter.

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on January 14, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the LC Plus Reusable Nebulizer (Model 22F81) meets the description for an administration set as defined in the DMERC Medical Policy for Nebulizer Policy. Therefore, the correct Medicare billing code(s) for the product(s) is/are

A7005 Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC and four DMERCs. Any modifications to this product could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to this product should in no way be construed as an approval or endorsement of this product by SADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

Should you disagree with this coding decision, a re-review of the product(s) can be initiated. The SADMERC will provide a re-review if the request is made within 45 days of the date of this letter and additional documentation is provided supporting the request. If a request for a re-review is made after 45 days, the request is treated as a new Coding Verification Review and a complete application must be submitted along with the additional documentation supporting the request.

Palmetto GBA

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

A CMS Contracted Intermediary and Carrier



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

June 2, 2006

Lawrence Weinstein
Vice President of Product Technology
PARI Respiratory Equipment, Inc.
2943 Oak Lake Boulevard
Midlothian, VA 23112

Re: PARI LC Sprint (Model 23F35)

Dear Mr. Weinstein:

This letter is in response to your recent inquiry for coding verification of the above listed product(s) manufactured by your company. The Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) has reviewed the documentation and information submitted for HCPCS Coding. The SADMERC conducts reviews of products to determine the correct HCPCS code(s) of DMEPOS product(s) for Medicare billing.

It is our determination that the Medicare HCPCS code(s) to bill the four Durable Medical Equipment Regional Carriers (DMERCs) is/are:

A7005 Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable.

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC. Any modifications to the product(s) could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to the product(s) should in no way be construed as an approval or endorsement of the product(s) by SADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

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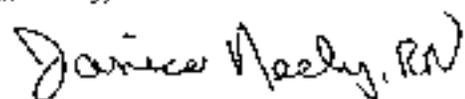
Palmetto GBA

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

A CMS Contracted Intermediary and Carrier

Should you have any questions regarding this decision, please contact me at the address below or by telephone at (803) 763-7373.

Sincerely,

A handwritten signature in black ink that reads "Janice Neely, RN". The signature is written in a cursive, flowing style.

Janice Neely, RN
HCPCS Medical Analyst
SADMERC



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

January 15, 2004

Lawrence Weinstein
PARI Respiratory Equipment
2943 Oak Lake Blvd.
Midlothian, VA 23112

Re: LC Star Reusable Nebulizer (Model 22F51)

Dear Mr. Weinstein:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on January 14, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the LC Star Reusable Nebulizer (Model 22F51) meets the description for an administration set as defined in the DMERC Medical Policy for Nebulizer Policy. Therefore, the correct Medicare billing code(s) for the product(s) is/are

A7005 Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC and four DMERCs. Any modifications to this product could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to this product should in no way be construed as an approval or endorsement of this product by SADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

Should you disagree with this coding decision, a re-review of the product(s) can be initiated. The SADMERC will provide a re-review if the request is made within 45 days of the date of this letter and additional documentation is provided supporting the request. If a request for a re-review is made after 45 days, the request is treated as a new Coding Verification Review and a complete application must be submitted along with the additional documentation supporting the request.

Palmetto GBA

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