



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

January 25, 2007

Brian Goldstein
Mason Medical Products
85 Denton Avenue
New Hyde Park, NY 11040

Re: Series II and III AP Pump and Pad

Dear Mr. Goldstein:

This letter is in response to your request for an updated HCPCS coding verification letter reflecting the HCPCS code change that was effective January 1, 2007 for the above listed product(s) manufactured and/or distributed by your company. This letter replaces the letter you received dated August 6, 1996.

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:

E0181 Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty.

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.

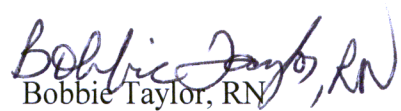
Palmetto GBA

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

A handwritten signature in cursive script that reads "Bobbie Taylor, RN". The signature is written in black ink and is positioned above the printed name.

Bobbie Taylor, RN
HCPCS Medical Analyst
SADMERC