

November 10, 2010

MEDICAL INDUSTRIES AMERICA INC
DBA EVO MEDICAL SOLUTIONS
ATTN TODD OSBORN
26378 289TH PLACE
ADEL IA 50003

Re: Assigned Healthcare Common Procedural Coding System (HCPCS) Codes

Xref #: 12540295

Product: ComfortFit Face Masks

Model number: 100FD+S, 100FD+M, 100FD+L, 100FDS, 100FDM, 100FDL

Dear Mr. Osborn:

It is our determination that the Medicare HCPCS codes to use to bill the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for the products listed above are:

A7030 - FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH

A7035 - HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE

This decision applies to the application that we received on August 27, 2010. 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 located on the PDAC web site, www.dmepdac.com. Please take the time to verify that this coding decision is correctly reflected in DMECS.

The assignment of the HCPCS codes to these products are not an approval or endorsement of the products by Medicare or Noridian Administrative Services, LLC; nor does it imply or guarantee claim reimbursement or coverage. If you have questions about claim coverage or reimbursement, please contact the DME MAC for your jurisdiction.

If you disagree with this decision, you may request a reconsideration within 45 days of the date of this letter. To request a reconsideration, complete the Reconsideration Request form, which can be found on our PDAC web site at www.dmepdac.com under the HCPCS Review tab. If your request for a reconsideration is made after the 45-day time frame, we will treat it as a coding verification review request and require a new application and documentation to support the request.

If you have any questions, please contact the Pricing, Data Analysis, and Coding (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.

PDAC
Noridian Administrative Services, LLC
www.dmepdac.com

May 24, 2011

MEDICAL INDUSTRIES AMERICA INC
DBA EVO MEDICAL SOLUTIONS
ATTN TODD OSBORN
26378 289TH PLACE
ADEL IA 50003

Re: Assigned Healthcare Common Procedural Coding System (HCPCS) Codes

Xref #: 14416659

Product: COMFORTFIT FF REPLACEMENT CUSHION; COMFORTFIT FF REPLACEMENT CUSHION FRAME; COMFORTFIT FF REPLACEMENT FOREHEAD CUSHION PAD

Model number: B10343-001, B10344-001, B10345-001, B11143-001, B11144-001, B11145-001; B10343-002, B10343-003, B10345-002, B10345-006, B11163-003, B11165-003; B10355-003, B10355-004, B10355-105

Dear Mr. Osborn:

It is our determination that the Medicare HCPCS codes to use to bill the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for the products listed above are:

A7031 - FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH (For model numbers B10343-001, B10344-001, B10345-001, B11143-001, B11144-001, B11145-001)

A9999 - MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED (For model numbers B10343-002, B10343-003, B10345-002, B10345-006, B11163-003, B11165-003; B10355-003, B10355-004, B10355-105)

Code A7031 is for the replacement interface cushions only. This code cannot be used for the replacement frames or forehead cushions. Therefore, code A9999 was assigned for the frames and forehead cushions.

This decision applies to the application that we received on March 22, 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 located on the PDAC web site, www.dmepdac.com. Please take the time to verify that this coding decision is correctly reflected in DMECS.

The assignment of the HCPCS codes to these products is not an approval or endorsement of the products by Medicare or Noridian Administrative Services, LLC; nor does it imply or guarantee claim reimbursement or coverage. If you have questions about claim coverage or reimbursement, please contact the DME MAC for your jurisdiction.

If you disagree with this decision, you may request a reconsideration within 45 days of the date of this letter. To request a reconsideration, complete the Reconsideration Request form, which can be found on our PDAC web site at www.dmepdac.com under the HCPCS Review tab. If your request for a reconsideration is made after the 45-day time frame, we will treat it as a coding verification review request and require a new application and documentation to support the request.

If you would like to apply for a new coding category, please complete and send the application located at www.cms.gov/MedHCPCSGenInfo/01_overview.asp to the Centers for Medicare & Medicaid Services (CMS) HCPCS Workgroup Coordinator. The mailing address is provided below. The CMS HCPCS Workgroup reviews applications for modifications of permanent national Level II HCPCS codes.

Centers for Medicare & Medicaid Services
Felicia Eggleston, CMS HCPCS Workgroup Coordinator
C5-08-27
7500 Security Blvd
Baltimore, Maryland 21244-1850

If you have any questions, please contact the Pricing, Data Analysis, and Coding (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.

PDAC
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