



**Pricing, Data Analysis  
and Coding (PDAC)**  
900 42nd Street South  
PO Box 6757  
Fargo, ND 58103-6757

June 16, 2010

INNOVATIVE MEDICAL EQUIPMENT LLC  
ATTN BRAD A PULVER  
29001 CEDAR RD SUITE 326  
LYNDHURST OH 44124

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

**Xref #:** 11187684

**Product:** SOOTHEAWAY

**Model number:** 003-01

Dear Mr. Pulver:

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 product listed above are:

E0217 - WATER CIRCULATING HEAT PAD WITH PUMP (when used as heat therapy)

E0218 - WATER CIRCULATING COLD PAD WITH PUMP (when used as cold therapy)

This decision applies to the application that we received on March 30, 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.dnepdac.com](http://www.dnepdac.com). Please take the time to verify that this coding decision is correctly reflected in DMECS.

The assignment of the HCPCS codes to this product is not an approval or endorsement of the product 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](http://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](http://www.dmepdac.com)



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LYNDHURST OH 44124

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

**Xref #:** 11187685

**Product:** FRONT & SIDE HEAD PAD, REAR HEAD (OCCIPITAL) PAD, EYE PAD,  
UNIVERSAL PAD, INJECTION PAD

**Model number:** 003-10, 003-11, 003-12, 003-13, 003-14

Dear Mr. Pulver:

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:

E0249 - PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY (when provided as a replacement)

A9900 - MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE (when provided on initial issue)

A9270 - NON-COVERED ITEM OR SERVICE (when provided for cold therapy)

This decision applies to the application that we received on March 30, 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](http://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



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