Tab 4. Miscellaneous Sources

- ❑ Letter dated October 15, 1986 to Stephen T. Crickmore, Director, Medicare Part A, Blue Cross & Blue Shield of Indiana
- ❑ Letter dated July 8, 1998 to Elizabeth Carder, from Philip Brown, Director HCFA Division of Freedom of Information and Privacy
- ❑ Letter dated Aug. 24, 1999 to Lewis Golinker from Philip Brown, Director, HCFA Division of Freedom of Information and Privacy
- ❑ Letter [1] dated October 23, 1999 to Lewis Golinker, from Peggy Locke, President, Communication Aid Manufacturers Association
- ❑ Letter [2] dated October 23, 1999 to Lewis Golinker, from Peggy Locke, President, Communication Aid Manufacturers Association
- ❑ Letter dated October 28,1999 to Elizabeth B. Carder, from C. Kaye Riley, Chairperson, HCPCS Alpha-Numeric Editorial Panel, U.S. Dept. of Health & Human Services, Health Care Financing Administration

Refer to: MR13

Region V
175 West Jackson Boulevard
Chicago, IL 60604

October 15, 1986

Stephen T. Crickmore
Director, Medicare A
Blue Cross and Blue Shield of Indiana
8320 Craig Street, Suite 100
Indianapolis, Indiana 46250-3596

Dear Mr. Crickmore:

This is in reply to your correspondence dated September 29, 1986 regarding augmentative communication systems.

Under Medicare, prosthetic devices are defined as devices that replace the function of a permanently impaired internal body organ or system. An electronic larynx for the speech-impaired would meet this definition. However, a communication system that does not replace an internal body organ or system would not meet this definition. If the voice is not replaced, rather a mechanical device with programmed messages is activated to communicate those messages completely independent of the voice function, it would not be considered a prosthetic device under the Medicare statute. For example, a picture board used to communicate messages completely independent of the voice function would not be covered. Durable medical equipment (DME) is defined under Medicare as equipment which primarily and customarily serves a medical purpose, i.e., it must contribute meaningfully to the treatment of an illness or injury or the functioning of a malformed body member. However, since a communication system, for example, a modified version of the Zenith Data Systems Computer called "Studebaker Communication Device", would not aid in the treatment of a speech impairment, it could not be considered DME for Medicare coverage purposes. Under current law, there is no basis for Medicare coverage of personalized communication systems outside the institutional setting. The only provisions that could possibly permit coverage of such a system are those that apply to prosthetic devices and DME. However, communication systems do not meet the requirements of either provision.

As you point out, each case must be evaluated on a case-by-case basis to see if the device meets either of the two provisions of the law as described above. Any guidelines developed for this purpose must also be developed with the intent of these two provisions in mind.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration
Office of Information Services
Division of Freedom of Information & Privacy
C2-01-11
7500 Security Boulevard
Baltimore, MD 21244-1850

JUL 8 1998

Refer to: C8FOIA9341D

Ms. Elizabeth B. Carder
Reed. Smith, Shaw & McClay, LLP
1301 K Street, N.W.
Suite 1100 - East Tower
Washington, D.C. 20005-3317

Dear Ms. Carder:

I am responding to your March 27, 1998 Freedom of Information Act (FOIA) request addressed to Rosario Cirrincione, Director, FOI/Privacy Acts Division, Office of Public Affairs, Department of Health and Human Services (DHHS), Washington, D.C., for documents concerning Medicare coverage for certain items of durable medical equipment. Specifically, you requested documentation which was used to establish coverage policy for Augmentative Communication Devices and Communicators (ACD&C). You also requested information regarding the scope and timing of the DHHS review of the policies and identification of the specific augmentative communication devices and communicators which were reviewed, and their specification. The portion of your request pertaining to coverage policy for ACD&C, was forwarded to me because of my responsibilities for administering the FOIA for the Health Care Financing Administration (HCFA).

After a careful search of the files of HCFA), i.e., a search reasonably calculated to locate records responsive to your request (ACD&C) and employing reasonable search standards, we were unable to locate any records responsive to your request.

You have the right to appeal this decision. To do so, you must put your appeal in writing and send it within 30 days to: The Deputy Administrator, HCFA, Room C5-16-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Please mark your envelope containing your letter of appeal "Freedom of Information Act Appeal" and enclose a copy of this letter with your appeal.

The portion of your request concerning the scope and timing of the DHHS review of policies and identification of the specific ACD&C's, which were reviewed, and their specifications, will be responded to by Mr Rosario Cirrincione.

Sincerely,

Phillip Brown

Phillip Brown
Director
Division of Freedom of Information and Privacy

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration
Division of Freedom of Information
N2-20-16
7500 Security Boulevard
Baltimore, MD 21244-1850

Refer to: C9FOIA0216(SDB)

AUG 24 1999

Mr. Lewis Golinker
Consultant
Assistive Technology Funding and
Systems Change Project
202 East State Street
Suite 507
Ithaca, New York 14850

Dear Mr. Golinker:

I am responding to your March 1, 1999, Freedom of Information (FOIA) request for a complete copy of (a) the October 15, 1986 Chicago Regional Office "Crickmore" letter, which is designated MR-13; (b) the correspondence from Mr. Crickmore, dated September 29, 1986, to which the October 15, 1986 refers, and is a response; (c) all other documents, such as (but not limited to) other regional office communications, whether in letter, memorandum, or other form, that address Medicare's coverage or exclusion of AAC devices; and (d) all of the documents reviewed by and/or relied upon by Ms. Kaylor in preparation of her response to Senator Wellstone.

The agency located four pages that respond to item d of your request. I am releasing those pages in their entirety. However, after a careful search of the files of HCFA, i.e., a search reasonably calculated to locate records responsive to items a, b, and, c of your request and employing reasonable standards, we were unable to locate any records responsive to items a, b, and, c of your request.

There is no charge for processing this request because the chargeable fee does not

If you wish, you may appeal this determination. To file an appeal, your request must be mailed within 30 days of the date of this letter to: The Deputy Administrator, Health Care Financing Administration, C5-16-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Please mark your envelope "Freedom of Information Act Appeal" and enclose a copy of this letter.

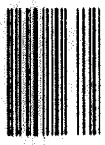
Sincerely,

Phillip Brown

Phillip Brown
Director
Division of Freedom of Information

Enclosure

ASSISTIVE TECHNOLOGY FUNDING AND SYSTEMS CHANGE PROJECT



1660 L STREET, NW
SUITE 700
WASHINGTON, DC
20036-5602
1.800.827.0093
202.776.0406
TDD: 1.800.833.8272
FAX: 202.776.0414
E-MAIL:
ATPROJECT@UCPA.ORG

March 1, 1999

Mr. Philip Brown
Director
Division of Freedom of Information & Privacy
Health Care Financing Administration
U.S. Department of Health & Human Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

RE: Request Pursuant to the Freedom of Information Act

Dear Mr. Brown:

I am conducting research for the Assistive Technology Funding and Systems Change Project, of the United Cerebral Palsy Associations. The United Cerebral Palsy Associations is a national not-for-profit organization providing information, advocacy and therapeutic services to and on behalf of persons with cerebral palsy and other disabilities. The ATFSCP is a federally supported provider of national technical assistance regarding the availability of funding for assistive technology devices and services. My task is to produce an article, which will be published by ATFSCP and distributed without charge, to persons with disabilities, their families, advocates and services providers, regarding the coverage policies and practices of health based benefits programs for augmentative and alternative communication devices. Currently, I am conducting research related to the Medicare program.

To date, I have spoken with Elizabeth Carder, Esq., who shared correspondence dated July 8, 1998 from you stating that HCFA cannot locate its original files related to its policy statement regarding AAC devices. (Attachment A). I also have spoken with Steven White, who works at the American Speech-Language-Hearing Association, and who shared with me one page of a letter dated October 15, 1986, from the HCFA Region V Office, to Mr. Stephen T. Crickmore. (Attachment B). However, as noted, ASHA provided only the first page of this letter: it cannot locate the other pages. And, I have spoken with staff of Senator Paul Wellstone's office, who shared correspondence sent to him by Ms. Adrienne Kaylor. (Attachment C).

FULLY FUNDED UNDER CONTRACT #HN94040001 FROM THE NATIONAL INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH OF THE U.S. DEPARTMENT OF EDUCATION TO UNITED CEREBRAL PALSY ASSOCIATIONS AND SUBCONTRACTOR NEIGHBORHOOD LEGAL SERVICES, INC.

PROJECT WEBSITE: HTTP://WWW.UCPA.ORG/HTML/INNOVATIVE/ATFSC_INDEX.HTML

I write to request, pursuant to the FOIA, that you provide me the following documents:

a) a complete copy of the October 15, 1986 Chicago Regional Office "Crickmore" letter, which is designated MR-13;

b) a complete copy of the correspondence from Mr. Crickmore, dated September 29, 1986, to which the October 15, 1986 refers, and is a response;

c) a complete copy of all other documents, such as (but not limited to) other regional office communications, whether in letter, memorandum, or other form, that address Medicare's coverage or exclusion of AAC devices.

d) a copy of all of the documents reviewed by and/or relied upon by Ms. Kaylor in preparation of her response to Senator Wellstone.

Thank you for your assistance in this matter. Please contact me if you have any questions regarding the scope of this request.

I request the waiver of any fees associated with this request.

Sincerely,

Lewis Golinker
Consultant

Please direct questions and reply to:
202 East State Street
Suite 507
Ithaca, New York 14850
607-277-7286(v)
607-277-5239(fax)
lgolinker@aol.com(e-mail)

Enc.: Attachment A-C

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration
Office of Information Services
Division of Freedom of Information & Privac
C2-01-11
7500 Security Boulevard
Baltimore, MD 21244-1850

JUL 8 1998

Refer to: C8FOIA9341D

Ms. Elizabeth B. Carder
Reed. Smith, Shaw & McClay, LLP
1301 K Street, N.W.
Suite 1100 - East Tower
Washington, D.C. 20005-3317

Dear Ms. Carder:

I am responding to your March 27, 1998 Freedom of Information Act (FOIA) request addressed to Rosario Cirrincione, Director, FOI/Privacy Acts Division, Office of Public Affairs, Department of Health and Human Services (DHHS), Washington, D.C., for documents concerning Medicare coverage for certain items of durable medical equipment. Specifically, you requested documentation which was used to establish coverage policy for Augmentative Communication Devices and Communicators (ACD&C). You also requested information regarding the scope and timing of the DHHS review of the policies and identification of the specific augmentative communication devices and communicators which were reviewed, and their specification. The portion of your request pertaining to coverage policy for ACD&C, was forwarded to me because of my responsibilities for administering the FOIA for the Health Care Financing Administration (HCFA).

After a careful search of the files of HCFA), i.e., a search reasonably calculated to locate records responsive to your request (ACD&C) and employing reasonable search standards, we were unable to locate any records responsive to your reques:

You have the right to appeal this decision. To do so, you must put your appeal in writing and send it within 30 days to: The Deputy Administrator, HCFA, Room C5-16-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Please mark your envelope containing your letter of appeal "Freedom of Information Act Appeal" and enclose a copy of this letter with your appeal.

The portion of your request concerning the scope and timing of the DHHS review of policies and identification of the specific ACD&C's, which were reviewed, and their specifications, will be responded to by Mr Rosario Cirrincione.

Sincerely,

Phillip Brown

Phillip Brown
Director
Division of Freedom of Information and Privacy

Refer to: MR13

Region V
175 West Jackson Boulevard
Chicago, IL 60604

October 15, 1986

Stephen T. Crickmore
Director, Medicare A
Blue Cross and Blue Shield of Indiana
8320 Craig Street, Suite 100
Indianapolis, Indiana 46250-3596

Dear Mr. Crickmore:

This is in reply to your correspondence dated September 29, 1986 regarding augmentative communication systems.

Under Medicare, prosthetic devices are defined as devices that replace the function of a permanently impaired internal body organ or system. An electronic larynx for the speech-impaired would meet this definition. However, a communication system that does not replace an internal body organ or system would not meet this definition. If the voice is not replaced, rather a mechanical device with programmed messages is activated to communicate those messages completely independent of the voice function, it would not be considered a prosthetic device under the Medicare statute. For example, a picture board used to communicate messages completely independent of the voice function would not be covered. Durable medical equipment (DME) is defined under Medicare as equipment which primarily and customarily serves a medical purpose, i.e., it must contribute meaningfully to the treatment of an illness or injury or the functioning of a malformed body member. However, since a communication system, for example, a modified version of the Zenith Data Systems Computer called "Studebaker Communication Device", would not aid in the treatment of a speech impairment, it could not be considered DME for Medicare coverage purposes. Under current law, there is no basis for Medicare coverage of personalized communication systems outside the institutional setting. The only provisions that could possibly permit coverage of such a system are those that apply to prosthetic devices and DME. However, communication systems do not meet the requirements of either provision.

As you point out, each case must be evaluated on a case-by-case basis to see if the device meets either of the two provisions of the law as described above. Any guidelines developed for this purpose must also be developed with the intent of these two provisions in mind.

FAR-065

MAR 6 1992

Honorable Paul Wellstone
United States Senate
Washington, D.C. 20510-2303

Dear Senator Wellstone:

Administrator DeParle asked that I thank you for your inquiry on behalf of your constituents who have severe expressive communication limitations. Your inquiry expressed concern that Medicare does not cover augmentative or alternative communication devices. You state that electronic or nonelectronic devices allow persons with severe expressive communication limitations to produce or transmit messages or symbols in a manner that compensates for their communication disability. Please excuse the delay in my reply.

On or before May 1989, Medicare published Section 60-9 of the Medicare Coverage Issues Manual (CIM), which excluded Medicare coverage for augmentative communication devices. In accordance with this section of the manual, augmentative communication devices are not covered under part B of Medicare. The lack of coverage stems from limitations in the coverage provisions of the law that are found in Title XVIII of the Social Security Act (Act).

Title XVIII of the Act defines the services that are eligible for coverage by the Medicare program. Title XVIII does not specifically identify augmentative communication devices as a Medicare benefit. Therefore, for augmentative communication devices to be covered they must meet the requirements that apply to one of the services that is specifically authorized by the Medicare statute. In addition to meeting the definition of one of the services authorized by the Act, there must be no provision in the Act that excludes them from coverage. Also, these devices would have to be "reasonable and necessary" for the treatment or diagnosis of the patient, in accordance with Section 1862(a)(1)(A) of the Act.

There are several relevant statutory provisions that must be considered in discussing Medicare's coverage of augmentative communication devices. Section 1861(s)(6) of the

Act provides for the coverage of durable medical equipment (DME). However, as the statutory language suggests, coverage is limited to equipment that primarily and customarily serves a "medical purpose" and generally is not useful to an individual in the absence of an illness or injury. As indicated, in Section 60-9 of the CIM, we do not consider augmentative communication devices to be primarily medical in nature. While we recognize that in some instances these types of devices may be used for a medical purpose; nevertheless, these items can also be useful for any individual that may have diminished communication abilities that occur as a natural part of the aging process. Audio and visual aids, such as equipment that enable the hearing impaired to use a telephone, a computerized device that enables the user to send messages or a closed circuit television where a camera transposes an enlarged image onto a screen, may be useful to any individual with less than perfect vision or hearing acuity.

The statute also provides for the coverage of prosthetic devices. Section 1861(s)(8) of the Act defines prosthetic devices as items that "... replace all or part of an internal body organ." Augmented communication devices may enhance a person's communication abilities; nevertheless, we do not believe they actually serve as a replacement for any internal body organ. We also note that Section 1862 (a) (7) of the Act excludes from coverage eyeglasses and hearing aids. We interpret this section of the law to mean that Congress never intended the Medicare program to pay for devices that are used to lessen the effects of impaired visual and hearing acuity that normally accompanies the aging process.

Although Title XVIII does not specifically identify augmentative communication devices as a Medicare benefit, it does provide coverage for rehabilitative services such as physical therapy and speech therapy which may be helpful to your constituents. We no longer have a separate administrative file on augmentative communication devices. This policy was established on or before May 1989.

I hope this information addresses your concerns. If you have further questions, please do not hesitate to contact me.

Sincerely yours,

Adrienne M Kaylor

Adrienne M. Kaylor
Health Insurance Specialist
Center for Health Plans and Providers

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration
Office of Information Services
Division of Freedom of Information & Privac
C2-01-11
7500 Security Boulevard
Baltimore, MD 21244-1850

JUL 8 1998

Refer to: C8FOIA9341D

Ms. Elizabeth B. Carder
Reed. Smith, Shaw & McClay, LLP
1301 K Street, N.W.
Suite 1100 - East Tower
Washington, D.C. 20005-3317

Dear Ms. Carder:

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The portion of your request concerning the scope and timing of the DHHS review of policies and identification of the specific ACD&C's, which were reviewed, and their specifications, will be responded to by Mr. Rosario Cirrincione.

Sincerely,

Phillip Brown

Phillip Brown
Director
Division of Freedom of Information and Privacy

PAUL D. WELLSTONE
MINNESOTA

MINNESOTA TOLL FREE NUMBER:
1-800-642-8041

715

COMMITTEES:
LABOR AND HUMAN RESOURCES
SMALL BUSINESS
INDIAN AFFAIRS
VETERANS' AFFAIRS
FOREIGN RELATIONS

United States Senate

WASHINGTON, DC 20510-2303

November 13, 1997

Ms. Nancy-Ann Min DeParle
Administrator, HCFA
Suite 314G, HHH Building
200 Independence Avenue SW
Washington, D.C. 20201

Dear Ms. DeParle:

Members of my staff are currently working with constituents in Minnesota who have severe expressive communication limitations. Despite their expressive communication limitations, these individuals are or want to be highly successful. Their success can be linked to their ability to effectively communicate with the assistance of an augmentative or alternative communication device. These electronic or nonelectronic devices allow persons with severe expressive communication limitations to produce or transmit messages or symbols in a manner that compensates for their communication disability.

Minnesota is a leader in the field of augmentative and alternative communication. Dr. Joe Reichle, a nationally renowned expert in the field of augmentative and alternative communication is on the faculty of the University of Minnesota. Able Net, a manufacturer of augmentative and alternative communication systems employs Peggy Locke, a nationally known expert in the field. During the 1997 legislative session, the Minnesota legislature enacted legislation expanding access to augmentative and alternative communication systems for Medicaid recipients. (Minnesota Laws 1997, Chapter 203, Article 4, Section 26)

Despite the state's leadership in this field, Minnesotans are still having difficulty obtaining the augmentative and alternative communication devices they need. These difficulties are due to Medicare's refusal to cover these devices for its recipients. Medicare had inaccurately categorized these devices as convenience items and thus does not cover them. This Medicare policy is the subject of a National Coverage Decision, which is cited in the Medicare Durable Medical Equipment Reference List, found §60-9 of the Medicare Coverage Issues Manuel. The National Coverage Decision has a significant negative impact upon Minnesotans. Please provide the following regarding Medicare's National Coverage Decision for augmentative and alternative communication:

- the date the National Coverage Decision was issued;

☐ HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510-2303
(202) 224-5641

☐ 2550 UNIVERSITY AVENUE, WEST
COURT INTERNATIONAL BUILDING
ST. PAUL, MN 55114-1025
(612) 645-0323

☐ POST OFFICE BOX 281
105 2D AVENUE, SOUTH
VIRGINIA, MN 55792
(218) 741-1074

☐ 417 LITCHFIELD AVENUE, SW
WILLMAR, MN 56201
(320) 231-0001

- HCFA's administrative file for this national coverage;
- information relating to any requests to change this national coverage decision;
- HCFA's response to requests to change this coverage decision; and
- information relating to the most efficient and effective means to change a national coverage decision.

Members of my staff are willing to meet with you to discuss augmentative and alternative communication and Medicare's National Coverage Decision for augmentative and alternative communication devices.

Thank you for your attention to these important matters.

Sincerely,

Paul Wellstone

Paul D. Wellstone
United States Senator

PDW:mja

Communication Aid
Manufacturers
Association

P.O. Box 1039
Evanston, Illinois
60204-1039 USA

October 23, 1999

Lewis Golinker, Esq.
Director
Assistive Technology Law Center
Suite 507
202 East State Street
Ithaca, New York 14850

Dear Lewis:

I write in response to your request for information regarding the second and third elements of the Medicare durable medical equipment definition, i.e., to explain the "medical purposes" served by AAC devices, and whether they are useful to a person in the absence of illness or injury.

The medical purposes served by the AAC devices and related products manufactured and distributed by CAMA member companies offer treatment to persons with severe expressive communication disabilities. The people who use and benefit from AAC devices have historically been those whose communication disabilities are so severe that improved expressive communication was believed to be impossible. But with AAC devices, they are able to get their needs met, live successfully in the community, lead active lifestyles, and be employed.

AAC devices allow their users to achieve these goals by providing a functional substitute for body organs and structures that are necessary for the production of speech but which are non-functioning or mal-functioning due to illness, injury, disease or condition. Another way to describe the purpose of AAC devices is as a functional by-pass of these non- or mal-functioning body structures, i.e., they allow the AAC device user to express a thought (message) as speech, by by-passing the nerves, muscles, and organs of speech which, due to impairment, make natural speech ineffective. The AAC device is the by-pass. Viewed in this way, AAC devices provide the same benefits and serve the same functional purposes as power wheelchairs. A person with quadriplegia or other severe mobility impairment is unable to implement the desire to move from place to place. With a power wheelchair, however, the person is able to by-pass his or her non-working spinal column or other non- or malfunctioning body structures to accomplish the goal of mobility.

Stated more simply, every aspect of AAC device design, manufacture, marketing and sales is directed exclusively to people with severe communication disabilities. Knowledge of the unmet needs of people with disabilities drives the AAC device design process so that new devices and related products can meet those needs. AAC device marketing is directed exclusively to people with severe communication disabilities. And, the augmentative communication devices and related products manufactured and distributed by CAMA members have been and continue to be sold exclusively for use by persons with severe speech and language disabilities.

Please contact me if I can provide any further information.

Sincerely,

Peggy A. Locke

Peggy A. Locke.
President

CAMA
Communication Aid Manufacturers Association

P.O. Box 1039
Evanston, Illinois
60204-1039 USA

October 23, 1999

Lewis Golinker, Esq.
Director
Assistive Technology Law Center
Suite 507
202 East State Street
Ithaca, New York 14850

Dear Lewis:

I write to respond to your request for information about the rental and sales practices of the AAC devices manufactured and distributed by CAMA member companies.

In response to your request, I conducted a telephone inquiry with each of the CAMA member companies. I am able to report that with almost no exceptions, AAC devices are acquired by their users by sale. This represents far more than 75 % of all devices: it is almost 100 percent of all AAC devices. The availability of long-term rental of AAC devices is the exceedingly rare exception; far more common is a limited rental option of 30-90 days, which is intended solely to permit trial periods. In addition, the CAMA members reported that this practice has been consistent throughout their existence as AAC device manufacturers and distributors.

In sum, based on the practices reported by CAMA member companies, AAC devices are most appropriately categorized as "routinely purchased" items, i.e., they are acquired by purchase at least 75 percent of the time. This characteristic of "routine purchase" is longstanding: it has been the experience of CAMA member companies throughout their existence.

Please contact me if I can provide any further information.

Sincerely,

Peggy A. Locke

Peggy A. Locke
President

HCPCS ALPHA-NUMERIC EDITORIAL PANEL

Business Address:

Health Care Financing Administration
C5-08-27
7500 Security Boulevard
Baltimore, MD 21244-1850

Cooperating Parties:

Health Care Financing Administration
Blue Cross/Blue Shield Association
Health Insurance Association of America

Oct. 25

Elizabeth B. Carder
Reed Smith Shaw
and McClay, LLP
1301 K Street NW
Suite 1100, East Tower
Washington, DC 20005

Re: Attachment Number #99.66-1
Request to establish code for dynamic display synthesized speech augmentative communication device
Trade name: Dynavox and Dynamyte

Dear Ms. Carder:

Your recommendation for modification to alpha-numeric Health Care Financing Administration Common Procedure Coding System (HCPCS) was considered along with many other suggestions received during this year. Enclosed is a list of changes that in-part reflect your recommendation. These changes are effective January 1, 2000.

Coding instructions for particular products are determined by insurance contractors. If you have concerns regarding coding of a particular product under the Medicare system, please contact your Medicare contractor. For coding questions under private sector health insurance systems, please contact the appropriate contractor in whose jurisdiction a claim would be filed.

Sincerely,

C. Kaye Riley

C. Kaye Riley, MA, BSN, RNC
Chairperson,
HCPCS Alpha-Numeric Editorial Panel

Enclosure

2000 Alpha-Numeric HCPCS Adds, Deletes, and Long/Short Description Changes

HCPC	Admin. Action	Short Action	Long Action	Short Description	Long Description
0799?	HA			Appliance removal	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR
0869	HA			Repair ortho appliance	REPAIR OF ORTHODONTIC APPLIANCE
0869?	HA			Replacement retainer	REPLACEMENT OF LOST OR BROKEN RETAINER
0924?	HA			Intravenous sedation	INTRAVENOUS SEDATION/ANALGESIA - FIRST 30 MINUTES
09242	HA			IV sedation ea ad 30 m	INTRAVENOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES
09243	HA			Sedation (non-iv)	NON-INTRAVENOUS CONSCIOUS SEDATION
0991?	HA			Appl desensitizing resin	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH
0997?	HA			Odontoplasty 1-2 teeth	ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS
09972	HA			Extrnl bleaching per arch	EXTERNAL BLEACHING - PER ARCH
09973	HA			Extrnl bleaching per tooth	EXTERNAL BLEACHING - PER TOOTH
09974	HA			Intrnl bleaching per tooth	INTERNAL BLEACHING - PER TOOTH
E0144	HA			Enclosed walker w rear seat	ENCLOSED, FRAMED FOLDING WALKER, WHEELED, WITH POSTERIOR SEAT
E0590	HA			Dispensing fee dme neb drug	DISPENSING FEE COVERED DRUG ADMINISTERED THROUGH DME NEBULIZER
E0602	HA			Breast pump	BREAST PUMP, ALL TYPES
E0616	HA			Cardiac event recorder	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER
E0779	HA			Amb infusion pump mechanical	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER
E0780	HA			Mech amb infusion pump <8hrs	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS
E1390	HA			Oxygen concentrator	OXYGEN CONCENTRATOR, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE
E1900	HA			Speech communication device	SYNTHESIZED SPEECH AUGMENTATIVE COMMUNICATION DEVICE WITH DYNAMIC DISPLAY
G0102	HA			Prostate ca screening; dre	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION
G0103	HA			Psa, total screening	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA), TOTAL
G0129	HA			Partial hosp prog service	OCCUPATIONAL THERAPY REQUIRING THE SKILLS OF A QUALIFIED OCCUPATIONAL THERAPIST, FURNISHED AS A COMPONENT OF A PARTIAL HOSPITALIZATION TREATMENT PROGRAM, PER DAY
G0151	HA			HHCP-serv of pt,ea 15 min	SERVICES OF PHYSICAL THERAPIST IN HOME HEALTH SETTING, EACH 15 MINUTES
G0152	HA			HHCP-serv of ot,ea 15 min	SERVICES OF OCCUPATIONAL THERAPIST IN HOME HEALTH SETTING, EACH 15 MINUTES
G0153	HA			HHCP-svs of s/l path,ea 15min	SERVICES OF SPEECH AND LANGUAGE PATHOLOGIST IN HOME HEALTH SETTING, EACH 15 MINUTES
G0154	HA			HHCP-svs of rn,ea 15 min	SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING, EACH 15 MINUTES
G0155	HA			HHCP-svs of csw,ea 15 min	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH SETTING, EACH 15 MINUTES
G0156	HA			HHCP-svs of aide,ea 15 min	SERVICES OF HOME HEALTH AIDE IN HOME HEALTH SETTING, EACH 15 MINUTES

HA=Code Added; HD=Code Deleted; HR=Code Reactivated; HL=Long Description Change; HS=Short Description Change