

April 26, 2013

ROSCOE MEDICAL INC  
21973 COMMERCE PARKWAY  
STRONGSVILLE OH 44149

**Re: Assigned HCPCS Codes for DME Billing**

**Xref: 24223135**

INTENSITY TWIN STIM III (TENS/EMS) DEVICE	ROSCOE MEDICAL INC	DI3717	E0730
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Dear Colleen Hyman:

The Pricing, Data Analysis and Coding (PDAC) Contractor provides Healthcare Common Procedure 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 product(s). The Medicare HCPCS code(s) below should be used when billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs):

**E0730** - Transcutaneous Electrical Nerve Stimulation (TENS) Device, Four Or More Leads, For Multiple Nerve Stimulation

The allowance for HCPCS E0730 includes any supplies needed for the operation of the TENS unit; therefore, HCPCS code A4595 is not separately billable and has not been assigned. Please refer to your DME MACS for additional information on proper billing of this product.

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 we received on March 05, 2013. 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.

It is the responsibility of manufacturers and distributors to notify the PDAC immediately of any changes involving their products, related to their current listing on the Product Classification List

(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>.

An assignment of the HCPCS code(s) to product(s) is not an approval or endorsement of the product(s) 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 located on the PDAC web site at <https://www.dmepdac.com/review/requesting.html>. 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 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 Administrative Services, LLC  
[www.dmepdac.com](http://www.dmepdac.com)