



## Section C: Product Specific Information

Provide the requested product specific information or answer the questions related to the products listed in Section B- Product information of the Coding Verification Review Application.

### Durable Medical Equipment and Supplies

#### Minimum Lifetime Requirement

Does this product meet the three- year Minimum Lifetime Requirement?      Yes                      No

#### Heating Pads Only

**MUST** include a copy of the Underwriters Laboratory Certification

Does this heating pad/lamp include a timing device for automatic shut off?      Yes                      No

#### Oral Appliances for Obstructive Sleep Apnea

Is the product custom fabricated?      Yes                      No

If Yes, provide information on how the impression of the beneficiary's teeth is made and how the device is fabricated.

#### Accessories and/or Supplies

List all accessories and/or supplies to be assigned a HCPCS code(s) with the base product (not required). If additional space is needed, add a supplementary page.

Product Name	Model Number	HCPCS	Explanation