

July 31, 2012

KARMAN HEALTHCARE INC
19255 SAN JOSE AVE
CITY OF INDUSTRY CA 91748

Re: Assigned HCPCS Codes for DME Billing

XRef: 19264123

PDAC Application Product Information

KM-BT-10 SERIES EXTRA WIDE ADAPTIVE BARIATRIC MANUAL WHEELCHAIR	KARMAN HEALTHCARE INC	KM-BT-10-22W	K0007+E2201 OR K0007+E2201+E2203
KM-BT-10 SERIES EXTRA WIDE ADAPTIVE BARIATRIC MANUAL WHEELCHAIR	KARMAN HEALTHCARE INC	KM-BT-10-24W	K0007+E2202 OR K0007+E2202+E2203
KM-BT-10 SERIES EXTRA WIDE ADAPTIVE BARIATRIC MANUAL WHEELCHAIR	KARMAN HEALTHCARE INC	KM-BT-10-26W	K0007+E2202 OR K0007+E2202+E2203 OR K0007+E2202+E2204
KM-BT-10 SERIES EXTRA WIDE ADAPTIVE BARIATRIC MANUAL WHEELCHAIR	KARMAN HEALTHCARE INC	KM-BT-10-30W	K0007+K0108+E2204

KM-BT-10 SERIES
EXTRA WIDE
ADAPTIVE
BARIATRIC
MANUAL
WHEELCHAIR

KARMAN
HEALTHCARE INC

KM-BT-10-28W

K0007+K0108+E2204

Dear Edward Casillas:

The Pricing, Data Analysis, and Coding (PDAC) Contractor provides Healthcare Common Procedural 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 DME MACs:

K0007 - Extra Heavy Duty Wheelchair

E2201 - Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches

E2203 - Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches

E2202 - Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches

E2204 - Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches

K0108 - Wheelchair Component Or Accessory, Not Otherwise Specified

According to the Article for Manual Wheelchair Bases - Policy Article - Effective October 2009, an extra heavy duty manual wheelchair is defined as a manual wheelchair with a weight capacity greater than 300 lbs.

HCPCS K0009 will not be assigned as the wheelchair base meets the code requirements for K0007 as an extra heavy duty wheelchair with a weight capacity greater than 300 lbs. HCPCS codes E0971 and K0195 will not be assigned as these items are optional and do not come standard. These codes should be billed as needed according to the patient's needs.

HCPCS code K0108 has been added for wheelchairs with a seat depth greater than 25".

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 May 18, 2012. 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.

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