

April 12, 2013

PDG PRODUCT DESIGN GROUP INC
PMB # 173 1124 FIR AVENUE
BLAINE WA 98230

Re: Assigned HCPCS Codes for DME Billing

Xref: 20838356

ECLIPSE	PDG PRODUCT DESIGN GROUP INC	50908	K0007+E1226
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Dear Mike Jalmarson:

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 consulted with the four Durable Medical Equipment Medicare Administrative Contractors (DME MAC) Medical Directors and the Centers for Medicare & Medicaid Services (CMS) in regards to the above listed product(s). The PDAC and DME MAC Medical Directors, in consultation with CMS, have reached a consensus coding decision. The Medicare HCPCS code(s) below should be used when billing the four DME MACs:

K0007 - Extra Heavy Duty Wheelchair

E1226 - Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each

The Local Coverage Article for Manual Wheelchair Bases - Policy Article - Effective March 2013 states:

Adult manual wheelchairs (K0001-K0009, E1161) are those which have a seat width and a seat depth of 15" or greater. For codes K0001-K0009 and E1161, the wheels must be large enough and positioned such that the wheelchair could be propelled by the user. In addition, specific codes are defined by the following characteristics:

Standard wheelchair (K0001)
Weight: Greater than 36 lbs.
Seat Height: 19" or greater
Weight capacity: 250 pounds or less

Standard hemi (low seat) wheelchair (K0002)

Weight: Greater than 36 lbs
Seat Height: Less than 19”
Weight capacity: 250 pounds or less

Lightweight wheelchair (K0003)
Weight: 34-36 lbs
Weight capacity: 250 pounds or less

High strength, lightweight wheelchair (K0004)
Weight: Less than 34 lbs
Lifetime Warranty on side frames and crossbraces

Ultralightweight wheelchair (K0005)
Weight: Less than 30 lbs
Adjustable rear axle position
Lifetime Warranty on side frames and crossbraces

Heavy duty wheelchair (K0006)
Weight capacity: Greater than 250 pounds

Extra heavy duty wheelchair (K0007)
Weight capacity: Greater than 300 pounds

The Eclipse meets the criteria for the code K0007 as it has a weight capacity of 600 lb capacity; 1000 lb upgrade option. Code E1226 was assigned for the reclining back as the application indicates back angle (adjustable): 85-100 degrees, with up to 130 degrees.

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 August 21, 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, with an effective date of June 1, 2013, on the Durable Medical Equipment Coding System (DMECS), which is located on the PDAC website, 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 website 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 would like to apply for a new coding category, please complete and send the application located at www.cms.gov/MedHCPCSGenInfo/01_overview.asp to the CMS HCPCS Workgroup Coordinator. The mailing address is provided below. The CMS HCPCS Workgroup reviews applications for modifications of permanent national Level II HCPCS codes.

Centers for Medicare & Medicaid Services
Kimberlee Combs-Miller, CMS HCPCS Workgroup Coordinator
C5-08-27
7500 Security Blvd
Baltimore, Maryland 21244-1850

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