



## MEDICARE

Part A Intermediary  
Part B Carrier  
DME Regional Carrier

May 11, 2007

Nancy Balcom, Director  
PDG Product Design Group Inc.  
102-366 East Kent Avenue South  
Vancouver, BC Canada V5X 4N6

Re: Fuze T50

Dear Ms. Balcom:

This letter is in response to your recent inquiry for coding verification of the above listed product(s) manufactured and/or distributed by your company. The Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) has reviewed the documentation and information submitted for HCPCS Coding. The SADMERC conducts reviews of products to determine the correct HCPCS code(s) of DMEPOS product(s) for Medicare billing.

The above listed product(s) is/are considered by the SADMERC to be incomplete product(s) because armrests, back, seat and front riggings are not included. Therefore, there are no HCPCS codes that describe this product. However, if this product is provided to a beneficiary by a supplier, and armrests, back, seat and front riggings with the composite footplates are included, it is our determination that such an item would meet the characteristics and description of HCPCS code **E1161 Manual adult size wheelchair, includes tilt in space**. This determination is in accordance with coding guidelines as defined by the PSC Medical Policy for Manual Wheelchair Bases.

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC. Any modifications to the product(s) could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to the product(s) should in no way be construed as an approval or endorsement of the product(s) by SADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

Should you disagree with this coding decision, a re-review of the product(s) can be initiated. The SADMERC will provide a re-review if the request is made within 45 days of the date of this letter and additional documentation is provided supporting the request. If a request for a re-review is made after 45 days, the request is treated as a new Coding Verification Review and a complete application must be submitted along with the additional documentation supporting the request.

### **Palmetto GBA**

Statistical Analysis Durable Medical Equipment Regional Carrier  
Post Office Box 100143 • Columbia, South Carolina • 29202-3143

***A CMS Contracted Intermediary and Carrier***

Should you have any questions regarding this decision, please contact me at the address below or by telephone at (803) 763-8707.

Sincerely,

A handwritten signature in cursive script that reads "Bobbie Taylor, RN". The signature is written in black ink and is positioned above the printed name.

Bobbie Taylor, RN  
HCPCS Medical Analyst  
SADMERC