



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

January 11, 2006

Phil Mundy
PDG Product Design Group
Unit 102, 366 East Kent Avenue South
Vancouver, British Columbia, Canada
V5X 4N6

Re: Stellar Manual Tilt Wheelchair

Dear Mr. Mundy:

Based on a re-review of the documentation submitted for this product, it was determined by the SADMERC that the Stellar Manual Tilt Wheelchair meets the criteria for a manual adult size tilt in space wheelchair.

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

It is our determination that the Medicare HCPCS code(s) to bill the four Durable Medical Equipment Regional Carriers (DMERCs) is/are:

E1161 Manual adult size wheelchair, includes tilt in space.

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.

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.

Palmetto GBA

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

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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.

Should you have any questions regarding this decision, please contact me at the address below or by telephone at (803) 763-8215.

Sincerely,

A handwritten signature in cursive script, appearing to read "Catherine E. Anthos".

Catherine E. Anthos, RN
HCPCS Medical Analyst
SADMERC