CMS
CENTERS for MEDICARE & MEDICAID SERVICES

MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

July 27, 2004

Jack Bowser, Jr.
President, DME Division
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060

Re: Excel Extra-Wide (Model MDS806950)
Excel Extra-Wide (Model MDS806450)
Excel Extra-Wide (Model MDS806900)
Excel Extra-Wide (Model MDS806400)
Excel K4 (Model MDS806575)
Excel K4 (Model MDS806570)
Excel K4 (Model MDS806560)
Excel K4 (Model MDS806565)
Excel 3000 (Model MDS806150DLX)
Excel 3000 (Model MDS806300DLX)
Excel 3000 (Model MDS806200DLX)
Excel 3000 (Model MDS806250DLX)

Dear Mr. Bowser:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on July 21, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the above products meet the description for a manual wheelchair in accordance with coding guidelines as defined in the DMERC Medical Policy for Manual Wheelchair Base. Therefore, the correct Medicare billing code(s) for the product(s) is/are:

K0001 Standard wheelchair for Models MDS806450 and MDS806400

K0004 High strength, lightweight wheelchair for Models MDS806575, MDS806570, MDS806560, and MDS806565

K0006 Heavy-duty wheelchair for Models MDS806150DLX, MDS806300DLX, MDS806200DLX, and MDS806250DLX

K0007 Extra heavy-duty wheelchair for Models MDS806950 and MDS806900

E2201 Manual wheelchair accessory, nonstandard seat frame width greater then or equal to 20 inches and less than 24 inches for Models MDS806400, MDS806450, MDS806575, MDS806570, MDS806560, and MDS806565

E2202 Manual wheelchair accessory, nonstandard seat frame width 24-27 inches for Models MDS806900, MDS806950

K0195 Elevating legrest, pair (for use with capped rental wheelchair base) for Models MDS806950, MDS806450, MDS806575, MDS806565, MDS806300DLX, and MDS806200DLX

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC and four DMERCs. Any modifications to this product could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to this product should in no way be construed as an approval or endorsement of this product 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 in 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.

If you have any questions regarding this coding decision, please contact me at the address below or by telephone at (803) 763-1639.

Sincerely,

Jana Brown, RN

Jana Brown, RN
HCPCS Medical Analyst
SADMERC

cc: DMERCs