

## MEDICARE

Part A Intermediary Part B Carrier DME Regional Carrier

March 30, 2005

Jan Bzoch, President Ultimex Corporation 6250 42<sup>nd</sup> Street, Unit 30 Pinellas Park, FL 33781

Re:

Back Support Cushion

Dear Mr. Bzoch:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Re-Review on March 28, 2005 for the above listed product(s) manufactured by your company. This re-review resulted in a consensus coding decision.

It is our determination that the above listed product meets the characteristics and description of the HCPCS code(s) as defined in the DMERC Medical Policy for Wheelchair Seating. Therefore, the correct Medicare billing code(s) for the product(s) is/are:

For dates of service on or after July 1, 2004 through December 31, 2004 use HCPCS code K0660 General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware.

Effective for dates of service on or after January 1, 2005 use HCPCS code

E2611 General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware.

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.

Palmetto GBA

Statistical Analysis Durable Medical Equipment Regional Carrier Post Office Box 100143 \* Columbia, South Carolina \* 29292-3143

A CMS Contracted Intermediary and Carrier

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