



**MEDICARE**

Part A Intermediary  
Part B Carrier  
DME Regional Carrier

November 23, 2005

Elizabeth Sullivan  
Medline Industries, Inc.  
One Medline Place  
Mundelein, IL 60060

Re: Excel Recliner Wheelchair (Models MDS808350, MDS808450, MDS808550)

Dear Ms. Sullivan:

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 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.

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

**K0003 Lightweight wheelchair.**

**E0966 Manual wheelchair accessory, headrest extension, each.**

**E1225 Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each.**

**K0195 Elevating legrest, pair (for use with capped rental wheelchair base).**

**E0971 Anti-tipping device, wheelchair.**

**E2201 Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches, for Model MDS808550.**

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**

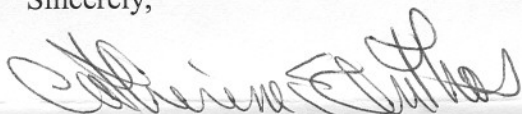
Statistical Analysis Durable Medical Equipment Regional Carrier  
Post Office Box 100143 • Columbia, South Carolina • 29202-3143

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

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,



Catherine E. Anthos, RN  
HCPCS Medical Analyst  
SADMERC