



## MEDICARE

Part A Intermediary  
Part B Carrier  
DME Regional Carrier

May 23, 2005

Bruce Shapiro  
Medline Industries, Inc.  
One Medline Place  
Mundelein, IL 60060-4486

Re: Visco Form (Models MSCVIS1616, MSCVIS1618, MSCVIS1816, MSCVIS1818, MSCVIS2016, MSCVIS2018, MSCVIS2218, MSCVIS2418, MSCVIS1616P, MSCVIS1618P, MSCVIS1816P, MSCVIS1818P, MSCVIS2016P, MSCVIS2018P, MSCVIS2218P, MSCVIS2418P)

Dear Mr. Shapiro:

This letter is in response to your recent inquiry for coding verification of the above listed product(s) 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.

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

**E2603 Skin protection wheelchair seat cushion, width less than 22 inches, any depth.**

**E2604 Skin protection wheelchair seat cushion, width 22 inches or greater, any depth.**

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**

ould 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) 763-7373.

Sincerely,

*Janice Neely, RN*

Janice Neely, RN  
HCPCS Medical Analyst  
SADMERC