

January 10, 2012

KARMAN HEALTHCARE INC
ATTN ANTHONY CUETO
19255 SAN JOSE AVE
CITY OF INDUSTRY CA 91748

Re: Assigned HCPCS Codes for DME Billing

Xref #: 16970797

Product: VIP-500 SERIES

Model number: VIP515, VIP515-TP

Dear Mr. Cueto:

The Pricing, Data Analysis, and Coding (PDAC) Contractor provides Healthcare Common Procedural Coding System (HCPCS) assistance to manufacturers to ensure proper coding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The PDAC has reviewed the above listed products. It is our determination that the Medicare HCPCS codes to use when billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) are:

For Model VIP515:

K0001 - STANDARD WHEELCHAIR

E1038 - TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

For Model VIP515TP:

K0003 - LIGHTWEIGHT WHEELCHAIR

E1038 - TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

The requested code, K0009, is not assigned as there is an appropriate HCPCS code for this product. The product submitted meets the LCD coding requirements for HCPCS code K0001 for model number VIP515 and K0003 for model number VIP515TP based

on the weight capacity and weight of the wheelchair without front riggings. Code E1038 is assigned for use when the product is configured with transport wheels.

The documentation received with this product states the chair has a tilt-in-space function. According to the Article for Manual Wheelchair Bases - Policy Article - Effective October 2009, an adult tilt-in-space wheelchair must meet the following requirements:

Adult tilt-in-space wheelchair (E1161)

- Ability to tilt the frame of the wheelchair greater than or equal to 45 degrees from horizontal while maintaining the same back to seat angle.
- Lifetime Warranty: On side frames and cross braces

The product submitted for review does not meet the requirements for the E1161 because the wheelchair frame does not have the ability to tilt 45 degrees or greater.

The accessory codes, K0053, E0951, E0955, E0971, E0973, E0978, E2211, E2212, E2213, E2214, E2215, E2601, E2611, were not assigned as they are patient specific.

The PDAC provides coding decisions based on the coding guidelines established by the Local Coverage Determination (LCD) and associated policy article developed by the DME MACs. All products submitted to PDAC for a coding verification review are carefully examined by coders and professionals following a formal, standardized process.

This decision applies to the application that we received on November 28, 2011. If information submitted in that application has changed or were to change, it could impact our decision. Therefore, a new application would need to be submitted for HCPCS coding verification review. This coding decision will be available within ten (10) working days on the Durable Medical Equipment Coding System (DMECS), which is located on the PDAC web site, www.dmepdac.com. Please take the time to verify that this coding decision is correctly reflected in DMECS.

It is the responsibility of manufacturers and distributors to notify the PDAC immediately of any changes involving their products, related to their current listing on the Product Classification List (PCL) on DMECS. Further information for requesting updates to the PCL can be found on the PDAC website at <https://www.dmepdac.com/review/notifying.html>.

The assignment of the HCPCS codes to these products is not an approval or endorsement of the products by Medicare or Noridian Administrative Services, LLC; nor does it imply or guarantee claim reimbursement or coverage. If you have questions about claim coverage or reimbursement, please contact the DME MAC for your jurisdiction.

If you disagree with this decision, you may request a reconsideration within 45 days of the date of this letter. To request a reconsideration, complete the Reconsideration Request form located on the PDAC web site at

<https://www.dmepdac.com/review/requesting.html>. If your request for a reconsideration is made after the 45-day time frame, we will treat it as a coding verification review request and require a new application and documentation to support the request.

If you have questions about claim coverage or reimbursement, please contact the DME MAC for your jurisdiction. For other questions, contact the PDAC Contact Center at the address listed above or by telephone at (877) 735-1326. The Contact Center is open Monday through Friday from 8:30 a.m. to 4 p.m. CT.

PDAC
Noridian Administrative Services, LLC
www.dmepdac.com