



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

March 22, 2006

Irwin Selinger, CEO
Graham Field Health Products
2935 Northeast Parkway
Atlanta, GA 30360

Re: Metro IC 4 (Models 3D020120, 3D020130, 3D020140, 3D020150, 3D020160, 3D020170,
3D020220, 3D020230, 3D020240, 3D020250, 3D020260, 3D020270, 3D020320, 3D020330,
3D020340, 3D020350, 3D020360, 3D020370)

Dear Mr. Selinger:

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:

K0004 High strength, lightweight wheelchair.

E0971 Manual wheelchair accessory, anti-tipping device, each.

E0973 Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each, for Models 3D020160, 3D020170, 3D020260, 3D020270, 3D020360 and 3D020370.

K0195 Elevating leg rest, pair (for use with capped rental wheelchair base), for Models 3D020130, 3D020150, 3D020170, 3D020230, 3D020250, 3D020270, 3D020330, 3D020350 and 3D020370.

E2201 Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches, for Models 3D020320, 3D020330, 3D020340, 3D020350, 3D020360 and 3D020370.

Palmetto GBA

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

A CMS Contracted Intermediary and Carrier

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.

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,

A handwritten signature in black ink, appearing to read "Catherine E. Anthos". The signature is fluid and cursive, written over a white background.

Catherine E. Anthos, RN
HCPCS Medical Analyst
SADMERC