



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

January 6, 2004

Kenneth Fu, General Manager
Karman Healthcare Inc.
12267 Barringer Street South
El Monte, CA 91733

Re: KM-802 Series K5 (Models KM-802-K5-18, KM-802-K5-18-E, KM-802-K5-16, KM-802-K5-16-E)

Dear Mr. Fu:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on January 5, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the KM-802 Series K5 (Models KM-802-K5-18, KM-802-K5-18-E, KM-802-K5-16, KM-802-K5-16-E) meets the description for an ultralight wheelchair as defined in the DMERC Medical Policy for Manual Wheelchairs. Therefore, the correct Medicare billing code(s) for the product(s) is/are

K0005 Ultralight weight wheelchair

K0195 Elevating legrest, pair (for use with capped rental wheelchair base) for Models KM-802-K5-18E, KM-802-K5-16-E

K0038 Leg strap, each

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.

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.

Palmetto GBA

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

A CMS Contracted Intermediary and Carrier



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

January 7, 2004

Kenneth Fu, General Manager
Karman Healthcare Inc.
12267 Barringer Street South
El Monte, CA 91733

Re: KM-802 Series (Models KM-802-18, KM-802-18E, KM802-16, KM-802-16-E)

Dear Mr. Fu:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on January 5, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the KM-802 Series (Models KM-802-18, KM-802-18E, KM802-16, KM-802-16-E) meets the description for an extra heavy-duty wheelchair as defined in the DMERC Medical Policy for Manual Wheelchairs. Therefore, the correct Medicare billing code(s) for the product(s) is/are

K0004 High strength, lightweight wheelchair

K0195 Elevating legrest, pair (for use with capped rental wheelchair) for Models KM-802-18E, KM-802-16-E

K0038 Leg strap, each

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.

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.

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