



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

December 18, 2003

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

Re: KM-9020 Series K5 (Models KM-9020-K5-18, KM-9020-K5-18-E, KM-9020-K5-18-H, KM-9020-K5-18-H-E, KM-9020-K5-18-S-H, KM-9020-K5-18-S-H-E, KM-9020-K5-16, KM-9020-K5-16-E, KM-9020-K5-16-H, KM-9020-K5-16-H-E, KM-9020-K5-16-S-H, KM-9020-K5-16-S-H-E)

Dear Mr. Fu:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) completed the HCPCS Coding Verification Review on December 17, 2003 for the above listed product manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the KM-9020 Series K5 (Models KM-9020-K5-18, KM-9020-K5-18-E, KM-9020-K5-18-H, KM-9020-K5-18-H-E, KM-9020-K5-18-S-H, KM-9020-K5-18-S-H-E, KM-9020-K5-16, KM-9020-K5-16-E, KM-9020-K5-16-H, KM-9020-K5-16-H-E, KM-9020-K5-16-S-H, KM-9020-K5-16-S-H-E) meets the characteristics and description of the HCPCS code for an ultralightweight wheelchair as defined by the DMERC Medical Policy for Manual Wheelchair Base. Therefore, the correct Medicare billing code for this product is

K0005 Ultralightweight wheelchair.

When billing for the elevating legrests for Models KM-9020-K5-18-E, KM-9020-K5-18-H-E, KM-9020-K5-18-SH-E, KM-9020-K5-16-E, KM-9020-K5-16-H-E, and KM-9020-K5-16-SH-E, use HCPCS code K0195 Elevating legrest, pair (for use with capped rental wheelchair base). **If the wheelchair is purchased on initial issue then use HCPCS code K0048 Elevating legrest, complete assembly, for the above models through December 31, 2003. Effective January 1, 2004, when billing for the elevating legrest, complete assembly, use HCPCS code E0990 Wheelchair accessory, elevating legrest, complete assembly, each.**

When billing for the detachable, adjustable height armrest, complete assembly, each, use HCPCS code K0016 **through December 31, 2003. Effective January 1, 2004, when billing for the detachable, adjustable height armrest, complete assembly, each, use HCPCS code E0973 Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.**

When billing for the Leg strap, each, use HCPCS code K0038.

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-9020 Series (Models KM-9020-18, KM-9020-18-E, KM-9020-18-H, KM-9020-18-H-E, KM-9020-18-S-H, KM-9020-18-S-H-E, KM-9020-16, KM-9020-16-E, KM-9020-16-H, KM-9020-16-H-E, KM-9020-16-S-H, KM-9020-16-S-H-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-9020 Series (Models KM-9020-18, KM-9020-18-E, KM-9020-18-H, KM-9020-18-H-E, KM-9020-18-S-H, KM-9020-18-S-H-E, KM-9020-16, KM-9020-16-E, KM-9020-16-H, KM-9020-16-H-E, KM-9020-16-S-H, KM-9020-16-S-H-E) meet(s) the description for a high strength, lightweight wheelchair as defined in the DMERC Medical Policy for Manual Wheelchairs Base. Therefore, the correct Medicare billing code(s) for the product(s) is/are

K0004 High strength, lightweight wheelchair

When billing for the elevating legrests, use HCPCS code K0195 Elevating legrest, pair (for use with capped rental wheelchair base) for Models KM-9020-18-E, KM-9020-18-H-E, KM-9020-18-S-H-E, KM-9020-16-E, KM-9020-16-H-E and KM-9020-S-H-E.

When billing for the leg strap, use HCPCS code K0038 Leg strap, each.

Palmetto GBA

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