



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: KN-880 Series (Models KN-880-E, KN-880-N-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 KN-880 Series (Models KN-880-E, KN-880-N-E) meets the description for a lightweight wheelchair as defined in the DMERC Medical Policy for Manual Wheelchair Base. Therefore, the correct Medicare billing code(s) for the product(s) is/are

K0003 Lightweight wheelchair.

When billing for the elevating legrests, use HCPCS code K0195 Elevating legrest, pair (for use with capped rental wheelchair base).

When billing for the Manual, fully reclining back, use HCPCS code K0028 **through December 31, 2003. Effective January 1, 2004 use HCPCS code E1226** Manual wheelchair accessory, fully reclining back, each.

When billing for the Headrest, use HCPCS code K0025 Hook-on headrest extension, **through December 31, 2003. Effective January 1, 2004 use HCPCS code E0966** Manual wheelchair accessory, headrest extension.

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.

Palmetto GBA

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

A CMS Contracted Intermediary and Carrier



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January 7, 2004

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

Re: KN-880 Series Wide (Models KN-880-W, KN-880-W-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 KN-880 Series Wide (Models KN-880-W, KN-880-W-E) meets the description for an extra heavy-duty wheelchair as defined in the DMERC Medical Policy for Manual Wheelchair Base. Therefore, the correct Medicare billing code(s) for the product(s) is/are

K0007 Extra heavy-duty wheelchair.

When billing for the elevating legrests, use HCPCS code K0195 Elevating legrest, pair (for use with capped rental wheelchair base), for Model KN-880-W-E.

When billing for the Manual, fully reclining back, use HCPCS code K0028 **through December 31, 2003. Effective January 1, 2004 use HCPCS code E1226** Manual wheelchair accessory, fully reclining back, each.

When billing for the Headrest, use HCPCS code K0025 Hook-on headrest extension, **through December 31, 2003. Effective January 1, 2004 use HCPCS code E0966** Manual wheelchair accessory, headrest extension.

When billing for the 20 inch seat width, use HCPCS code K0057 Seat width 19 or 20 inches for heavy duty or extra heavy-duty chair **through December 31, 2003. Effective January 1, 2004 use HCPCS code E2201** Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches, but less than 24 inches.

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