

July 20, 2017

KI MOBILITY
5201 WOODWARD DRIVE
STEVENS POINT WI 54481

Re: Assigned HCPCS Codes for DME Billing

Xref: 69559484

AXIOM SP	KI MOBILITY	XSP1414F	E2607
AXIOM SP	KI MOBILITY	XSP1415F	E2607
AXIOM SP	KI MOBILITY	XSP1416F	E2607
AXIOM SP	KI MOBILITY	XSP1417F	E2607
AXIOM SP	KI MOBILITY	XSP1418F	E2607
AXIOM SP	KI MOBILITY	XSP1514F	E2607
AXIOM SP	KI MOBILITY	XSP1515F	E2607
AXIOM SP	KI MOBILITY	XSP1516F	E2607
AXIOM SP	KI MOBILITY	XSP1517F	E2607
AXIOM SP	KI MOBILITY	XSP1518F	E2607
AXIOM SP	KI MOBILITY	XSP1519F	E2607
AXIOM SP	KI MOBILITY	XSP1520F	E2607
AXIOM SP	KI MOBILITY	XSP1614F	E2607
AXIOM SP	KI MOBILITY	XSP1615F	E2607
AXIOM SP	KI MOBILITY	XSP1616F	E2607
AXIOM SP	KI MOBILITY	XSP1617F	E2607
AXIOM SP	KI MOBILITY	XSP1618F	E2607
AXIOM SP	KI MOBILITY	XSP1619F	E2607
AXIOM SP	KI MOBILITY	XSP1620F	E2607
AXIOM SP	KI MOBILITY	XSP1715F	E2607
AXIOM SP	KI MOBILITY	XSP1716F	E2607
AXIOM SP	KI MOBILITY	XSP1717F	E2607
AXIOM SP	KI MOBILITY	XSP1718F	E2607
AXIOM SP	KI MOBILITY	XSP1719F	E2607
AXIOM SP	KI MOBILITY	XSP1720F	E2607
AXIOM SP	KI MOBILITY	XSP1815F	E2607
AXIOM SP	KI MOBILITY	XSP1816F	E2607
AXIOM SP	KI MOBILITY	XSP1817F	E2607
AXIOM SP	KI MOBILITY	XSP1818F	E2607
AXIOM SP	KI MOBILITY	XSP1819F	E2607
AXIOM SP	KI MOBILITY	XSP1820F	E2607

AXIOM SP	KI MOBILITY	XSP1916F	E2607
AXIOM SP	KI MOBILITY	XSP1917F	E2607
AXIOM SP	KI MOBILITY	XSP1918F	E2607
AXIOM SP	KI MOBILITY	XSP1919F	E2607
AXIOM SP	KI MOBILITY	XSP1920F	E2607
AXIOM SP	KI MOBILITY	XSP2016F	E2607
AXIOM SP	KI MOBILITY	XSP2017F	E2607
AXIOM SP	KI MOBILITY	XSP2018F	E2607
AXIOM SP	KI MOBILITY	XSP2019F	E2607
AXIOM SP	KI MOBILITY	XSP2020F	E2607
AXIOM SP	KI MOBILITY	XSP2118F	E2607
AXIOM SP	KI MOBILITY	XSP2119F	E2607
AXIOM SP	KI MOBILITY	XSP2120F	E2607
AXIOM SP	KI MOBILITY	XSP2216F	E2608
AXIOM SP	KI MOBILITY	XSP2217F	E2608
AXIOM SP	KI MOBILITY	XSP2218F	E2608
AXIOM SP	KI MOBILITY	XSP2219F	E2608
AXIOM SP	KI MOBILITY	XSP2220F	E2608

Dear Thomas Whelan:

The Pricing, Data Analysis, and Coding (PDAC) contractor has reviewed the product(s) listed above and has approved the listed Healthcare Common Procedure Coding System (HCPCS) code(s) for billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs).

The PDAC Contractor provides coding assistance to manufacturers to ensure proper coding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The PDAC publishes coding decisions based on the coding guidelines established by the Local Coverage Determinations (LCDs) and associated Policy Articles and any related Advisory Articles established by the DME MACs. All products submitted to the PDAC for a coding verification review are examined by coders and professionals following a formal, standardized process.

The PDAC has reviewed the above listed product(s). Based on this review and application of DME MAC policy, the HCPCS code(s) listed below should be used when billing the DME MACs:

E2607 - SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

E2608 - SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

This decision applies to the application we received on May 12, 2017. 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. The coding

assigned in this decision letter will be available on the Product Classification List (PCL) on the Durable Medical Equipment Coding System (DMECS) within ten (10) working days from the letter's date. The DMECS can be accessed on the PDAC website, www.dmepdac.com. Please take the time to verify that this coding decision is correctly reflected in DMECS.

If you disagree with this decision, you may request a reconsideration within 45 days of the letter's date and provide evidence to substantiate a reconsideration of PDAC's original coding determination. To request a reconsideration, complete the Reconsideration Request form located on the PDAC website at <https://www.dmepdac.com/review/requesting.html>. If your request for a reconsideration is made after the 45-day time frame, it will require a new application and documentation to support the request.

It is the responsibility of manufacturers and distributors to notify the PDAC immediately of any changes involving their products, as listed on the 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>. It is also the responsibility of manufacturers and distributors to assure their websites and product marketing materials accurately reflect the product reviewed by the PDAC and the coding decision assigned.

An assignment of the HCPCS code(s) to product(s) is not an approval or endorsement of the product(s) by Medicare or Noridian Healthcare Solutions; nor does it imply or guarantee claim reimbursement or coverage.

If you have questions about policy, 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.

Sincerely,

PDAC
Noridian Healthcare Solutions, LLC
www.dmepdac.com