

July 18, 2017

KI MOBILITY
5201 WOODWARD DRIVE
STEVENS POINT WI 54481

Re: Assigned HCPCS Codes for DME Billing

Xref: 69559449

AXIOM SP	KI MOBILITY	XSP1414V	E2607
AXIOM SP	KI MOBILITY	XSP1415V	E2607
AXIOM SP	KI MOBILITY	XSP1416V	E2607
AXIOM SP	KI MOBILITY	XSP1417V	E2607
AXIOM SP	KI MOBILITY	XSP1418V	E2607
AXIOM SP	KI MOBILITY	XSP1514V	E2607
AXIOM SP	KI MOBILITY	XSP1515V	E2607
AXIOM SP	KI MOBILITY	XSP1516V	E2607
AXIOM SP	KI MOBILITY	XSP1517V	E2607
AXIOM SP	KI MOBILITY	XSP1518V	E2607
AXIOM SP	KI MOBILITY	XSP1519V	E2607
AXIOM SP	KI MOBILITY	XSP1520V	E2607
AXIOM SP	KI MOBILITY	XSP1614V	E2607
AXIOM SP	KI MOBILITY	XSP1615V	E2607
AXIOM SP	KI MOBILITY	XSP1616V	E2607
AXIOM SP	KI MOBILITY	XSP1617V	E2607
AXIOM SP	KI MOBILITY	XSP1618V	E2607
AXIOM SP	KI MOBILITY	XSP1619V	E2607
AXIOM SP	KI MOBILITY	XSP1620V	E2607
AXIOM SP	KI MOBILITY	XSP1715V	E2607
AXIOM SP	KI MOBILITY	XSP1716V	E2607
AXIOM SP	KI MOBILITY	XSP1717V	E2607
AXIOM SP	KI MOBILITY	XSP1718V	E2607
AXIOM SP	KI MOBILITY	XSP1719V	E2607
AXIOM SP	KI MOBILITY	XSP1720V	E2607
AXIOM SP	KI MOBILITY	XSP1815V	E2607
AXIOM SP	KI MOBILITY	XSP1816V	E2607
AXIOM SP	KI MOBILITY	XSP1817V	E2607
AXIOM SP	KI MOBILITY	XSP1818V	E2607
AXIOM SP	KI MOBILITY	XSP1819V	E2607
AXIOM SP	KI MOBILITY	XSP1820V	E2607

AXIOM SP	KI MOBILITY	XSP1916V	E2607
AXIOM SP	KI MOBILITY	XSP1917V	E2607
AXIOM SP	KI MOBILITY	XSP1918V	E2607
AXIOM SP	KI MOBILITY	XSP1919V	E2607
AXIOM SP	KI MOBILITY	XSP1920V	E2607
AXIOM SP	KI MOBILITY	XSP2016V	E2607
AXIOM SP	KI MOBILITY	XSP2017V	E2607
AXIOM SP	KI MOBILITY	XSP2018V	E2607
AXIOM SP	KI MOBILITY	XSP2019V	E2607
AXIOM SP	KI MOBILITY	XSP2020V	E2607
AXIOM SP	KI MOBILITY	XSP2118V	E2607
AXIOM SP	KI MOBILITY	XSP2119V	E2607
AXIOM SP	KI MOBILITY	XSP2120V	E2607
AXIOM SP	KI MOBILITY	XSP2216V	E2608
AXIOM SP	KI MOBILITY	XSP2217V	E2608
AXIOM SP	KI MOBILITY	XSP2218V	E2608
AXIOM SP	KI MOBILITY	XSP2219V	E2608
AXIOM SP	KI MOBILITY	XSP2220V	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