

August 19, 2010

MEDLINE INDUSTRIES
ATTN GINA DARR
ONE MEDLINE PLACE
MUNDELINE IL 60060

Re: Assigned Healthcare Common Procedural Coding System (HCPCS) Codes

Xref #: 11830757

Product: Medline Combo Back and Seat Cushion

Model number: MSCCOMB1616, MSCCOMB1816, MSCCOMB2018,
MSCCOMB2218, MSCCOMB2418

Dear Ms. Darr:

It is our determination that the Medicare HCPCS code to use to bill the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for the product listed above is:

E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH (For Model Numbers MSCCOMB1616, MSCCOMB1816, MSCCOMB2018)

E2611 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE (For Model Numbers MSCCOMB1616, MSCCOMB1816, MSCCOMB2018)

E2602 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH (For Model Numbers MSCCOMB2218 and MSCCOMB2418)

E2612 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE (For Model Numbers MSCCOMB2218 and MSCCOMB2418)

This decision applies to the application that we received on June 04, 2010. 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. This coding decision will be available within ten (10) working days on the Durable Medical Equipment Coding System (DMECS), which is located on the PDAC web site, www.dmepdac.com. Please take the time to verify that this coding decision is correctly reflected in DMECS.

The assignment of a HCPCS code to this product is not an approval or endorsement of the product by Medicare or Noridian Administrative Services, LLC; nor does it imply or guarantee claim reimbursement or coverage. If you have questions about claim coverage or reimbursement, please contact the DME MAC for your jurisdiction.

If you disagree with this decision, you may request a reconsideration within 45 days of the date of this letter. To request a reconsideration, complete the Reconsideration Request form, which can be found on our PDAC web site at www.dmepdac.com under the HCPCS Review tab. If your request for a reconsideration is made after the 45-day time frame, we will treat it as a coding verification review request and require a new application and documentation to support the request.

If you have any questions, please contact the Pricing, Data Analysis, and Coding (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.

PDAC
Noridian Administrative Services, LLC
www.dmepdac.com