



April 10, 2020

KRISTEN TREASURE
MEDLINE INDUSTRIES INC
3 LAKES DRIVE
NORTHFIELD, IL 60093

DCN Number:20042003000009

Manufacturer Name	Product Name	Model Number	Assigned HCPCS Code(s)
MEDLINE INDUSTRIES INC	K2 WHEELCHAIRS 16", 18", 20" WITH ELEVATING LEG RESTS	K2166N42E1	K0002+E0973+K0195
MEDLINE INDUSTRIES INC	K2 WHEELCHAIRS 16", 18", 20" WITH ELEVATING LEG RESTS	K2186N42E1	K0002+E0973+K0195
MEDLINE INDUSTRIES INC	K2 WHEELCHAIRS 16", 18", 20" WITH ELEVATING LEG RESTS	K2206N42E1	K0002+E0973+K0195

Dear KRISTEN TREASURE,

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.

Based on this review and application of DME MAC policy, the HCPCS code(s) listed below should be used when billing the DME MACs:

- K0001 STANDARD WHEELCHAIR
- K0002 STANDARD HEMI (LOW SEAT) WHEELCHAIR
- E0973 WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH
- E0990 WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH
- K0195 ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)

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 www.dmepdac.com. 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 Product Classification List (PCL) on the Durable Medical Equipment Coding System (DMECS). Further information for requesting updates to the PCL can be found on the PDAC website at www.dmepdac.com. 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 Palmetto GBA; 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 HCPCS Helpline at the address listed above or by telephone at (877) 735-1326. The Contact Center is open Monday through Friday from 9:30 a.m. to 5:00 p.m. EST.

Sincerely,

Pricing, Data Analysis, and Coding Contract (PDAC)
Palmetto GBA, LLC
www.dmepdac.com