



February 1, 2020

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

**DCN Number:19344003000011**

Manufacturer Name	Product Name	Model Number	Assigned HCPCS Code(s)
MEDLINE INDUSTRIES INC	BARIATRIC EXCEL SHUTTLE WHEELCHAIR	MDS809650	K0007+E2202+E2203 +K0195 OR E0990
MEDLINE INDUSTRIES INC	BARIATRIC EXCEL SHUTTLE WHEELCHAIR	MDS809750	K0007+E2202+E2203 +K0195 OR E0990
MEDLINE INDUSTRIES INC	BARIATRIC EXCEL SHUTTLE WHEELCHAIR	MDS809850	K0007+K0108+E2203+K0195 OR E0990
MEDLINE INDUSTRIES INC	BARIATRIC EXCEL SHUTTLE WHEELCHAIR	MDS809950	K0007+K0108+E2203+K0195 OR E0990

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:

- K0007 EXTRA HEAVY DUTY WHEELCHAIR  
E2202 MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES  
E2203 MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES  
K0195 ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)  
E0990 WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH  
K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED

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](http://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](http://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](http://www.dmepdac.com)