



**Pricing, Data Analysis
and Coding (PDAC)**
900 42nd Street South
PO Box 6757
Fargo, ND 58103-6757

February 22, 2010

MEDLINE INDUSTRIES INC
ATTN DAVE JACOBS
ONE MEDLINE PLACE
MUNDELEIN IL 60060

**Re: Assigned Healthcare Common Procedural Coding System (HCPCS) Codes for
DME Billing**

Xref #: 10145296

Product: Basket for 2-Button Walker

Model number: G07715 and G07713

Dear Mr. Jacobs:

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 above listed product is:

A9270 NON-COVERED ITEM OR SERVICE

The item submitted is an accessory for a walker that does not support medical necessity. This item is considered an enhancement accessory which is non-covered. Per the article that is associated with the Local Coverage Determination for Walkers effective December 2009 "An enhancement accessory is one which does not contribute significantly to the therapeutic function of the walker. It may include, but is not limited to style, color, hand operated brakes (other than those described in code E0147), or basket (or equivalent). Use code A9270 when an enhancement accessory of a walker is billed."

This decision applies to the application that was received on December 07, 2009. 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. 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/these product(s) 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 Pricing Data Analysis and Coding (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, it will be treated as a new HCPCS coding verification review request and require a new application and documentation to support the request.

If you would like to apply for a new coding category, please complete and send the application located at www.cms.hhs.gov/MedHCPCSGenInfo/01_overview.asp to the Centers for Medicare & Medicaid Services (CMS) HCPCS Workgroup Coordinator. The mailing address is provided below. The CMS HCPCS Workgroup reviews applications for modifications of permanent national Level II HCPCS codes.

Centers for Medicare & Medicaid Services
Felicia Eggleston, CMS HCPCS Workgroup Coordinator
C5-08-27
7500 Security Blvd
Baltimore, Maryland 21244-1850

If you have any questions, please 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.

PDAC
Noridian Administrative Services, LLC
www.dmepdac.com