



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

October 4, 2004

Irwin Sellinger, CEO
Graham-Field Products, Inc.
2935 Northeast Parkway
Atlanta, GA 30360

Re: Vista IC (Models 53010200, 53010210, 53010220, 53010230, 53010260, 53010270, 53010240, 53010250, 53010100, 53010110, 53010120, 53010130, 53010140, 53010150, 53010160, 53010170)

Dear Mr. Sellinger:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on October 4, 2004 for the above listed product(s) distributed by your company. This review resulted in a consensus coding decision.

It is our determination that the Vista IC (Models 53010200, 53010210, 53010220, 53010230, 53010260, 53010270, 53010240, 53010250, 53010100, 53010110, 53010120, 53010130, 53010140, 53010150, 53010160, 53010170) meets the description for a standard or hemi wheelchair depending on the configuration of the wheelchair when provided to the patient in accordance with coding guidelines as defined in the DMERC Medical Policy for Motorized/Power Wheelchair Base. Therefore, the correct Medicare billing code(s) for the product(s) is/are

K0001 Standard wheelchair, for all models, depending on the configuration of the wheelchair when provided to the patient.

K0002 Standard hemi (low seat) wheelchair, for all models, depending on the configuration of the wheelchair when provided to the patient.

K0195 Elevating legrest, pair (for use with capped rental wheelchair base), for Models 53010210, 53010230, 53010270, 53010250, 53010110, 53010130, 53010150, 53010170

E0973 Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each, for Models 53010220, 53010230, 53010260, 53010270, 53010240, 53010250, 53010120, 53010130, 53010140, 53010150, 53010160, 53010170

Palmetto GBA

Statistical Analysis Durable Medical Equipment Regional Carrier
Post Office Box 100143 • Columbia, South Carolina • 29202-3143

A CMS Contracted Intermediary and Carrier

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC and four DMERCs. Any modifications to this product could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to this product should in no way be construed as an approval or endorsement of this product by SADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

Should you disagree with this coding decision, a re-review of the product(s) can be initiated. The SADMERC will provide a re-review if the request is made within 45 days of the date of this letter and additional documentation is provided supporting the request. If a request for a re-review is made after 45 days, the request is treated as a new Coding Verification Review and a complete application must be submitted along with the additional documentation supporting the request.

If you have any questions regarding this coding decision, please contact me at the address below or by telephone at (803) 763-8707

Sincerely,



Judy McCamy, RN
HCPCS Medical Analyst
SADMERC

cc: DMERCs