



MEDICARE

Part A Intermediary
Part B Carrier

August 28, 2007

Re: Supra Visco (Models 16 inch, 18 inch, 20 inch)

This letter is in response to your recent inquiry for coding verification of the above listed product(s) manufactured and/or distributed by Kolb. The Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) has reviewed the documentation and information submitted for HCPCS Coding. The SADMERC conducts reviews of products to determine the correct HCPCS code(s) of DMEPOS product(s) for Medicare billing.

It is our determination that the Medicare HCPCS code(s) to bill the four Durable Medical Equipment Regional Carriers (DMERCs) is/are:

E2611 General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware.

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC. Any modifications to the product(s) could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to the product(s) should in no way be construed as an approval or endorsement of the product(s) 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.

Palmetto GBA

Statistical Analysis Durable Medical Equipment Regional Carrier
Post Office Box 100143 • Columbia, South Carolina • 29202-3190

A CMS Contracted Intermediary and Carrier



900 42nd Street South
PO Box 6757
Fargo, ND 58108-6757

PDAC
Medicare Pricing, Data Analysis
and Coding

March 13, 2009

KOLBS
ATTN:
5353 KINGS HIGHWAY
BROOKLYN NY 11203

Re: Supra Visco (Model # SUP-22, SUP-24,SUP-26,SUP-28)

Xref #: 7670625

Dear

This letter is in response to your recent inquiry for coding verification of the above listed product(s) manufactured and/or distributed by your company.

It is our determination that the Medicare HCPCS code(s) to bill the four DME Medicare Administrative Contractors (DME MACs) is/are:

E2612 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

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

Should you disagree with this coding decision, a reconsideration can be requested. The reconsideration form is located on the PDAC website (www.dmepdac.com) under the HCPCS Review tab. The PDAC will reconsider the request if made within 45 days of the date of this letter and additional supporting documentation is provided. If a request for reconsideration is made after 45 days, the request is treated as a new Coding Verification





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Review and a complete application must be submitted, along with the additional documentation supporting the request.

Should you have questions, regarding this decision, you may contact the PDAC Contact Center at the address listed above or by telephone at (877) 735-1326.

Sincerely,

A handwritten signature in cursive script that reads "Christi Brown".

Christi Brown, RN, BSN
PDAC Coding/Data Analyst