



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

January 7, 2004

Kenneth Fu, General Manager
Karman Healthcare Inc.
12267 Barringer Street South
El Monte, CA 91733

Re: KM-8020 Series Extra Wide (Models KM-8020-22, KM-8020-22-E)

Dear Mr. Fu:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on January 5, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the KM-8020 Series Extra Wide (Models KM-8020-22, KM-8020-22-E) meets the description for high strength, lightweight wheelchair as defined in the DMERC Medical Policy for Manual Wheelchairs. Therefore, the correct Medicare billing code(s) for the product(s) is/are

K0004 High strength, lightweight wheelchair

E0195 Elevating legrest, pair (for use with capped rental wheelchair base) for Model KM-8020-22-E

K0038 Leg strap, each

K0054 Seat width of 10, 11, 12, 15, 17 or 20 inches for a high-strength, lightweight or ultralightweight wheelchair for DOS through 12/31/03

E2201 Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches, but less than 24 inches for DOS effective 01/01/04

K0055 Seat depth of 15", 17", or 18" for a high strength, lightweight or ultralightweight wheelchair through DOS 12/31/03

Effective January 1, 2004, for all adult wheelchairs (E1161 Manual adult size wheelchair, includes tilt in space, K0001 Standard wheelchair-K0009, K0010 Standard-weight frame motorized/power wheelchair-K0014 Other motorized/power wheelchair base, payment for seat widths and/or seat depths of 15-19 inches are included in the payment for the base code.

Palmetto GBA

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

A CMS Contracted Intermediary and Carrier



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January 6, 2004

Kenneth Fu, General Manager
Karman Healthcare Inc.
12267 Barringer Street South
El Monte, CA 91733

Re: KM-8020 Series K5 (Models KM-8020-K5-18, KM-8020-K5-18-E, KM-8020-K5-16, KM-8020-K5-16-E)

Dear Mr. Fu:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on January 5, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the KM-802 Series K5 (Models KM-8020-K5-18, KM-8020-K5-18-E, KM-8020-K5-16, KM-8020-K5-16-E) meets the description for an ultralight wheelchair as Defined in the DMERC Medical Policy for Manual Wheelchairs. Therefore, the correct Medicare billing code(s) for the product(s) is/are

K0005 Ultralight weight wheelchair

K0195 Elevating legrest, pair (for use with capped rental wheelchair base) for Models KM-8020-K5-18E, KM-8020-K5-16-E

K0038 Leg strap, each

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

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January 7, 2004

Kenneth Fu, General Manager
Karman Healthcare Inc.
12267 Barringer Street South
El Monte, CA 91733

Re: KM-8020 Series Wide (Models KM-8020-20, KM-8020-20-E)

Dear Mr. Fu:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on January 5, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the KM-8020 Series Wide (Models KM-8020-20, KM-8020-20-E) meets the description for high strength, lightweight wheelchair as defined in the DMERC Medical Policy for Manual Wheelchairs. Therefore, the correct Medicare billing code(s) for the product(s) is/are

K0004 High strength, lightweight wheelchair

E0195 Elevating legrest, pair (for use with capped rental wheelchair base) for Model KM-8020-20-E

K0038 Leg strap, each

K0054 Seat width of 10, 11, 12, 15, 17 or 20 inches for a high-strength, lightweight or ultralightweight wheelchair for DOS through 12/31/03

E2201 Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches, but less than 24 inches for DOS effective 01/01/04

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12267 Barringer Street South
El Monte, CA 91733

Re: KM-8020 Series (Models KM-8020 -18, KM-8020-18-E, KM-8020-16, KM-8020-16-E)

Dear Mr. Fu:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on January 5, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the KM-8020 Series (Models KM-8020 -18, KM-8020-18-E, KM-8020-16, KM-8020-16-E) meets the description for an high strength, lightweight wheelchair as defined in the DMERC Medical Policy for Manual Wheelchairs. Therefore, the correct Medicare billingcode(s) for the product(s) is/are

K0004 High strength, lightweight wheelchair

K0195 Elevating legrest, pair (for use with capped rental wheelchair base) for Models KM-8020-18E, KM-8020-16-E

K0038 Leg strap, each

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.

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