



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

March 30, 2005

Josef Bornbaum, President
Motion Concepts
84 Citation Dr., Units 1-3
Concord, ONT. Canada L4K 3C1

Re: Matrx PB Deep Back (Models PBD1612, PBD1616, PBD1620, PBD1812, PBD1816, PBD1820, PBD2012, PBD2016, PBD2020)

Dear Mr. Bornbaum:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on March 28, 2005 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the above listed product meets the characteristics and description of the HCPCS code(s) as defined in the DMERC Medical Policy for Wheelchair Seating. Therefore, the correct Medicare billing code(s) for the product(s) is/are:

For dates of service on or after July 1, 2004 through December 31, 2004 use HCPCS code **K0664 Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware.**

Effective for dates of service on or after January 1, 2005 use HCPCS code **E2615 Positioning wheelchair back cushion, posterior-lateral, 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 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.

Palmetto GBA

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

A CMS Contracted Intermediary and Carrier

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) 763-1639.

Sincerely,



Jana Brown, RN
HCPCS Medical Analyst
SADMERC

cc: DMERCs