



## MEDICARE

Part A Intermediary  
Part B Carrier

June 25, 2007

Alexis Basabe  
Adaptive Engineering Lab  
102 East Keefe Avenue  
Milwaukee, WI 53212

Re: Offset-Out Lateral Brackets (Models 15828, 15829, 15838, 15839, 15928, 15929, 15938, 15939)

Dear Ms. Basabe:

Based on a SADMERC initiated re-review of the documentation previously submitted for the above listed product(s), it was determined by the SADMERC that the product meets the criteria for the code as assigned. The Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) has re-reviewed the documentation and information submitted for HCPCS Coding. The SADMERC conducts re-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:

**K0108 Wheelchair component or accessory, not otherwise specified.**

HCPCS code K0108 is a miscellaneous code and requires a complete description of the product when billing to Medicare. The description should include the manufacturer name, product name and the reason this item was prescribed for the patient.

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.

**Palmetto GBA**

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

**A CMS Contracted Intermediary and Carrier**

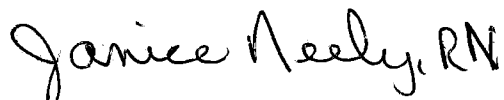
Should you disagree with this coding decision, a re-review of the product(s) can be initiated. The SADMERC will provide a re-review if the request is made within 45 days of the date of this letter and additional documentation is provided supporting the request. If a request for a re-review is made after 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.

This coding decision resulted in your product(s) receiving a miscellaneous HCPCS code(s). You may apply through the CMS HCPCS Workgroup for a new coding category for this product(s). This workgroup reviews applications for modification of permanent national Level II HCPCS codes. Please contact the CMS HCPCS Workgroup Coordinator at the Centers for Medicare and Medicaid Services. The address is provided below.

Centers for Medicare and Medicaid Services  
Attention: Felicia Eggleston, CMS HCPCS Workgroup Coordinator  
C5-08-27  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Should you have any questions regarding this decision, please contact me at the address below or by telephone at (803) 763-7373.

Sincerely,

A handwritten signature in cursive script that reads "Janice Neely, RN".

Janice Neely, RN  
HCPCS Medical Analyst  
SADMERC