



**MEDICARE**

Part A Intermediary  
Part B Carrier  
DME Regional Carrier

December 18, 2003

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

Re: KN-700 Series (Models KN-700, KN-700-E, KN-700-N, KN-700-N-E, KN-700-J, KN-700-J-E)

Dear Mr. Fu:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) completed the HCPCS Coding Verification Review on December 17, 2003 for the above listed product manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the KN-700 Series (Models KN-700, KN-700-E, KN-700-N, KN-700-N-E, KN-700-J, KN-700-J-E) meets the characteristics and description of the HCPCS code for a standard wheelchair as defined by the DMERC Medical Policy for Manual Wheelchair Base. Therefore, the correct Medicare billing code for this product is

**K0001 Standard wheelchair.**

When billing for the elevating legrests for Models KN-700-E, KN-700-N-E and KN-700-J-E use HCPCS code K0195 Elevating legrest, pair (for use with capped rental wheelchair base).

This HCPCS coding decision applies to your product as it was 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.

If you have any questions regarding this coding decision, please contact me at the address below or by telephone at (803) 763-8225.

Sincerely,

B. J. White, RN  
HCPCS Medical Analyst  
SADMERC

cc: DMERCs

**Palmetto GBA**

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