



## MEDICARE

Part A Intermediary  
Part B Carrier  
DME Regional Carrier

June 16, 2006

Brian Goldstein  
Vice President Sales and Marketing  
Mason Medical Products  
85 Denton Avenue  
New Hyde Park, NY 11040

Re: Convo-Gel Bariatric Wheelchair Cushion (Models 8049-U4, 8049-U5, 8049-U6, 8049-U7, 8049-U8, 8049-U9)

Dear Mr. Goldstein:

Per your written request, model numbers 8049-U4, 8049-U5, 8049-U6, 8049-U7, 8049-U8, 8049-U9 have been added to the wheelchair cushions in the Convo-Gel Wheelchair Cushion product family.

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

**E2604 Skin protection wheelchair seat cushion, width 22 inches or greater, any depth.**

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 • 29202-3143

**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.

Should you have any questions regarding this decision, please contact me at the address below or by telephone at (803) 763-1639.

Sincerely,

A handwritten signature in cursive script that reads "Jana Brown, RN".

Jana Brown, RN  
HCPCS Medical Analyst  
SADMERC