noridian
Healthcare Solutions

900 42nd Street South
Fargo, ND 58103

March 14, 2017

GF HEALTH PRODUCTS INC
2935 NORTHEAST PARKWAY
ATLANTA GA 30360

Re: Assigned HCPCS Codes for DME Billing

Xref: 65966204

LUMEX ESSENTIALS 3" GEL CUSHION	GF HEALTH PRODUCTS INC	81166	E2601
LUMEX ESSENTIALS 3" GEL CUSHION	GF HEALTH PRODUCTS INC	81186	E2601
LUMEX ESSENTIALS 3" GEL CUSHION	GF HEALTH PRODUCTS INC	81188	E2601
LUMEX ESSENTIALS 3" GEL CUSHION	GF HEALTH PRODUCTS INC	81216	E2601
LUMEX ESSENTIALS 3" GEL CUSHION	GF HEALTH PRODUCTS INC	81218	E2601
LUMEX ESSENTIALS 3" GEL CUSHION	GF HEALTH PRODUCTS INC	81220	E2601
LUMEX ESSENTIALS 3" GEL CUSHION	GF HEALTH PRODUCTS INC	81228	E2602
LUMEX ESSENTIALS 3" GEL CUSHION	GF HEALTH PRODUCTS INC	81248	E2602
LUMEX ESSENTIALS 3" GEL CUSHION	GF HEALTH PRODUCTS INC	81242	E2602

Dear Kessler Colson:

The Pricing, Data Analysis, and Coding (PDAC) contractor has reviewed the product(s) listed above and has approved the listed Healthcare Common Procedure Coding System (HCPCS) code(s) for billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs).

The PDAC Contractor provides coding assistance to manufacturers to ensure proper coding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies **(**DMEPOS). The PDAC publishes coding decisions based on the coding guidelines established by the Local Coverage Determinations (LCDs) and associated Policy Articles and any related Advisory Articles established by the DME MACs. All products submitted to the PDAC for a coding verification review are examined by coders and professionals following a formal, standardized process.

The PDAC has reviewed the above listed product(s). Based on this review and application of DME MAC policy, the HCPCS code(s) listed below should be used when billing the DME MACs:

E2601 - General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth

E2602 - General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth

The "Local Coverage Article: Wheelchair Seating - Policy Article", states:

> A nonadjustable skin protection seat cushion (E2603,E2604) is a prefabricated cushion, which has the following characteristics:
>
> 1. It has the following minimum performance characteristics:
>   a. Simulation tests demonstrate a loaded contour depth of at least 40 mm with an overload deflection of at least 5 mm, or
>   b. Human subject tests demonstrate an average peak pressure index that is less than 85% of that of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; and
> 2. Following testing simulating 18 months of use:
>   a. Simulation tests demonstrate an overload deflection of at least 5 mm, or
>   b. Human subject tests demonstrate an average peak pressure index that is less than 85% of those of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; and
> 3. It has a removable vapor permeable or waterproof cover or it has a waterproof surface; and
> 4. The cushion and cover meet the minimum standards of the California Bulletin 117 or 133 for flame resistance; and
> 5. It has a permanent label indicating the model and the manufacturer; and
> 6. It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

The simulated testing report submitted has 12 months of simulated use. Guidelines for HCPCS codes E2603 and E2604 require 18 months of simulated use. However, it does meet the guidelines and requirements for code E2601 or E2602 depending on size.

This decision applies to the application we received on January 26, 2017. If information submitted in that application has changed or were to change, it could impact our decision. Therefore, a new application would need to be submitted for HCPCS coding verification review. The coding assigned in this decision letter will be available on the Product Classification List (PCL) on the Durable Medical Equipment Coding System (DMECS) within ten (10) working days from the letter's date. The DMECS can be accessed on the PDAC website, www.dmepdac.com. Please take the time to verify that this coding decision is correctly reflected in DMECS.

If you disagree with this decision, you may request a reconsideration within 45 days of the letter's date and provide evidence to substantiate a reconsideration of PDAC's original coding determination. To request a reconsideration, complete the Reconsideration Request form located on the PDAC website at https://www.dmepdac.com/review/requesting.html. If your request for a reconsideration is made after the 45-day time frame, it will require a new application and documentation to support the request.

It is the responsibility of manufacturers and distributors to notify the PDAC immediately of any changes involving their products, as listed on the PCL on DMECS. Further information for requesting updates to the PCL can be found on the PDAC website at https://www.dmepdac.com/review/notifying.html. It is also the responsibility of manufacturers and distributors to assure their websites and product marketing materials accurately reflect the product reviewed by the PDAC and the coding decision assigned.

An assignment of the HCPCS code(s) to product(s) is not an approval or endorsement of the product(s) by Medicare or Noridian Healthcare Solutions; nor does it imply or guarantee claim reimbursement or coverage.

If you have questions about policy, claim coverage or reimbursement, please contact the DME MAC for your jurisdiction. For other questions, contact the PDAC Contact Center at the address listed above or by telephone at (877) 735-1326. The Contact Center is open Monday through Friday from 8:30 a.m. to 4 p.m. CT.

Sincerely,

PDAC
Noridian Healthcare Solutions, LLC
www.dmepdac.com