



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

February 8, 2005

Raul Vargas, Executive Vice President
BioDynamics Ltd.
160 Terminal Drive
Plainview, NY 11803

Re: Bio-ST Custom Seat

Dear Mr. Vargas:

This letter is in response to your recent inquiry for coding verification of the Bio-ST Custom Seat 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:

For dates of service on or after July 1, 2004 through December 31, 2004 use HCPCS code
K0658 Custom fabricated wheelchair seat cushion, any size.

Effective for dates of service on or after January 1, 2005 use HCPCS code
E2609 Custom fabricated wheelchair seat cushion, any size.

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.

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.

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 have any questions regarding this decision, please contact me at the address below or by telephone at (803) 763-1825.

Sincerely,

A handwritten signature in cursive script, appearing to read "Catherine E. Anthos".

Catherine E. Anthos, RN
HCPCS Medical Analyst
SADMERC

cc: DMERCs



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March 29, 2005

Raul Vargas, Executive Vice President
BioDynamics Ltd.
160 Terminal Drive
Plainview, NY 11803

Re: Bio-ST Custom Back

Dear Mr. Vargas:

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 Bio-ST Custom Back meets the description for a HCPCS code as assigned 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
K0666 Custom fabricated wheelchair back cushion, any size, including any type mounting hardware.

Effective for dates of service on or after January 1, 2005 use HCPCS code
E2617 Custom fabricated wheelchair back cushion, any size, 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.

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.

Palmetto GBA

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

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If you have any questions regarding this coding decision, please contact me at the address below or by telephone at (803) 763-8215.

Sincerely,

A handwritten signature in black ink, appearing to read "Catherine E. Anthos, RN". The signature is written in a cursive style with some loops and flourishes.

Catherine E. Anthos, RN
HCPCS Medical Analyst
SADMERC

cc: DMERCs



MEDICARE

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DME Regional Carrier

March 28, 2005

Raul Vargas, Executive Vice President
BioDynamics Ltd.
160 Terminal Drive
Plainview, NY 11803

Re: Bio-ST Custom Seat

Dear Mr. Vargas:

This letter is to acknowledge receipt of your letter dated March 22, 2005 and the additional documentation that was added to your Retail Price List form for the Bio-ST Custom Seat that was previously reviewed.

As per our conversation earlier today, the Bio-ST Custom Seat line and the custom fabrication process remain the same. Per your letter, the additional customization codes are new options, as opposed to an entirely new product line and will handle all situations when there is excessive tone or weight.

Thank you for submitting the additional information and it will be placed with the documentation on file for the Bio-ST Custom Seat.

Sincerely,

Catherine E. Anthos, RN
HCPCS Medical Analyst
SADMERC
(803) 763-8215

Palmetto GBA

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

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