

**K0019 Armrest Cushion SADMERC APPROVAL LETTER; LEEDer Group**



**MEDICARE**

Part A Intermediary  
Part B Carrier  
DME Regional Carrier

September 17, 2004

Jan Bzoch, President  
Ultimex Corporation  
6250 42<sup>nd</sup> Street, Unit 30  
Pinellas Park, FL 33781

Re: Armrest Cushion Set

Dear Mr. Bzoch:

This letter is in response to your recent inquiry for coding verification of the Armrest Cushion Set manufactured by Ultimex Corporation. 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:

**K0019 Arm pad, each**

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.