



900 42<sup>nd</sup> Street South  
PO Box 6757  
Fargo, ND 58108-6757

**PDAC**  
Medicare Pricing, Data Analysis  
and Coding

March 13, 2009

KÖLBS  
ATTN:  
5353 KINGS HIGHWAY  
BROOKLYN NY 11203

**Re:** Gel Supreme (Model # KBGS1616, KBGS1618, KBGS1620, KBGS1816, KBGS1818, KBGS1820, KBGS2016, KBGS2018, KBGS2020)

**Xref #:** 7635950

Dear

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

It is our determination that the Medicare HCPCS code(s) to bill the four DME Medicare Administrative Contractors (DME MACs) is/are:

**E2603 - SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH**

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the Pricing, Data Analysis and Coding (PDAC). 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 PDAC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement, please contact your DME MAC jurisdiction.

**Should you disagree with this coding decision, a reconsideration can be requested. The reconsideration form is located on the PDAC website ([www.dmepdac.com](http://www.dmepdac.com)) under the HCPCS Review tab. The PDAC will reconsider the request if made within 45 days of the date of this letter and additional supporting documentation is provided. If a request for reconsideration is made after 45 days, the request is treated as a new Coding Verification**





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**Review and a complete application must be submitted, along with the additional documentation supporting the request.**

Should you have questions, regarding this decision, you may contact the PDAC Contact Center at the address listed above or by telephone at (877) 735-1326.

Sincerely,

A handwritten signature in cursive script that reads "Christi Brown".

Christi Brown, RN, BSN  
PDAC Coding/Data Analyst



900 42<sup>nd</sup> Street South  
PO Box 6757  
Fargo, ND 58108-6757

**PDAC**  
Medicare Pricing, Data Analysis  
and Coding

March 17, 2009

KÖLB'S  
ATTN:  
5353 KINGS HIGHWAY  
BROOKLYN NY 11203

**Re:** Gel Supreme (Model # KBGS2216, KBGS2218, KBGS2220, KGBS2222, KBGS2418, KBGS2420, KBGS2422, KGBS2424, KBGS2620, KBGS2622, KBGS2624, KGBS2626 )

**Xref #:** 7635951

Dear

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

It is our determination that the Medicare HCPCS code(s) to bill the four DME Medicare Administrative Contractors (DME MACs) 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 Pricing, Data Analysis and Coding (PDAC). 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 PDAC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement, please contact your DME MAC jurisdiction.

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Should you have questions, regarding this decision, you may contact the PDAC Contact Center at the address listed above or by telephone at (877) 735-1326.

Sincerely,

A handwritten signature in cursive script that reads "Lynda Feir".

Lynda Feir, RN  
PDAC Coding/Data Analyst