

July 6, 2012

MOBILITY LIFT SYSTEMS LLC
ATTN MICHAEL F HOOVER
5702 KRUEGER DRIVE
JONESBORO AR 72401

Re: Assigned HCPCS Codes for DME Billing

Xref #: 18777675

Product(s): OUT REACH LIFT SYSTEM 300, LIFT SYSTEM 300

Model Number(s): 300/425, 300/425

Dear Mr. Hoover:

The Pricing, Data Analysis, and Coding (PDAC) Contractor provides Healthcare Common Procedural Coding System (HCPCS) assistance to manufacturers to ensure proper coding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The PDAC has reviewed the above listed product(s). The Medicare HCPCS code(s) below should be used when billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs):

**E0639 - PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH
DISASSEMBLY AND REASSEMBLY, INCLUDES ALL
COMPONENTS/ACCESSORIES**

This letter addresses the products submitted on Xref 18777675 and 18657724.
The Article for Patient Lifts - Policy Article - Effective January 2010 defines the following patient lift devices:

Code E0639 describes a device in which the lift mechanism is part of a floor-to-ceiling pole system that is not permanently attached to the floor and ceiling and which is used in a room other than the bathroom. The lift/transport mechanisms may be mechanical or electric. No separate payment is made for installation. All costs associated with installation are included in the payment for the device.

When a device is only used in a bathroom, it is coded E0625.

A multi-positional patient support system, with integrated lift, patient accessible controls (E0636) describes a device that can be used to transfer the bed-bound patient in either a sitting or supine position. It has electric controls of the lift function.

Code E0640 describes a device in which the lift mechanism is attached to permanent ceiling tracks or a wall mounting system and which is used in a room other than the bathroom. The lift/transport mechanisms may be mechanical or electric. No separate payment is made for installation. All costs associated with installation are included in the payment for the device. When a device is only used in a bathroom, it is coded E0625. The product reviewed does not meet HCPCS code E0640 because the device is not attached to permanent ceiling tracks or a wall mounting system.

HCPCS code E0635 is for an electric patient lift which includes either a seat or a sling (i.e. Hoyer type lifts). Both HCPCS codes E0635 and E0636 are complete lift or support systems. Devices which fall into these two codes are not components of a lifting system and cannot be billed as such.

The product submitted for review has the same functionality as items coded E0639. Therefore, HCPCS code E0639 best fits the product reviewed as the product is a patient lift system which uses a floor-to-ceiling pole to support the device. No additional codes can be assigned with E0639 as this code includes all options and accessories as indicated by the code description.

The PDAC provides coding decisions based on the coding guidelines established by the Local Coverage Determination (LCD) and associated policy article developed by the DME MACs. All products submitted to PDAC for a coding verification review are carefully examined by coders and professionals following a formal, standardized process.

This decision applies to the application we received on April 19, 2012. 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. This coding decision will be available within ten (10) working days on the Durable Medical Equipment Coding System (DMECS), which is located on the PDAC web site, www.dmepdac.com. Please take the time to verify that this coding decision is correctly reflected in DMECS.

It is the responsibility of manufacturers and distributors to notify the PDAC immediately of any changes involving their products, related to their current listing on the Product Classification List (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>.

An assignment of the HCPCS code(s) to product(s) is not an approval or endorsement of the product(s) by Medicare or Noridian Administrative Services, LLC; nor does it imply or guarantee claim reimbursement or coverage. If you have questions about claim coverage or reimbursement, please contact the DME MAC for your jurisdiction.

If you disagree with this decision, you may request a reconsideration within 45 days of the date of this letter. To request a reconsideration, complete the Reconsideration Request form located on the PDAC web site at <https://www.dmepdac.com/review/requesting.html>. If your request for a reconsideration is made after the 45-day time frame, we will treat it as a coding verification review request and require a new application and documentation to support the request.

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.

PDAC
Noridian Administrative Services, LLC
www.dmepdac.com