C



Part A Intermediary
Part B Carrier
DME Regional Carrier

August 25, 2004

Michael Tymkiw
President, Primary Care Division
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060

Re: Bulkee Lite Conforming Bandage, Non-Sterile (NON27492, NON27493, NON27494, NON27495)
Bulkee Lite Conforming Bandage, Sterile (NON27496, NON27497, NON27498, NON27499)

Dear Mr. Tymkiw:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on August 23, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the Bulkee Lite Conforming Bandage, Non-Sterile (NON27492, NON27493, NON27494, NON27495), Bulkee Lite Conforming Bandage, Sterile (NON27496, NON27497, NON27498, NON27499) meets the description for a HCPCS code as assigned in the DMERC Medical Policy for Surgical Dressings. Therefore, the correct Medicare billing code(s) for the product(s) is/are

A6442 Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard for NON27492.

A6443 Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard for NON27493 and NON27494.

A6444 Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard for NON27495.

A6445 Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard for NON27496.

A6446 Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard for NON27497 and NON27498. A6447 Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard for NON27499.

Palmetto GBA

Statistical Analysis Durable Medical Equipment Regional Carrier
Post Office Box 100143

Columbia, South Carolina

29202-3143

A CMS Contracted Intermediary and Carrier

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 in 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.

If you have any questions regarding this coding decision, please contact me at the address below or by telephone at (803) 763-7373.

Sincerely,

Janice Neely, RN

HCPCS Medical Analyst

Janua Neely, RN

SADMERC

cc: DMERCs