



Part A Intermediary Part B Carrier DME Regional Carrier

June 29, 2005

Ken Chua President, DYNACOR Medline Industries One Medline Place Mundelein, IL 60060-4486

Re:

Contro-Piston Syringe (Models DYNC2303, DYNC7061, DYNC7062, DYND20300,

DYND20302, DYND20310, DYND20325, DYND20327)

Contro-Bulb Syringe (Models DYND20100, DYND20102, DYND20110, DYND20124,

DYND20125, DYND20127)

Dear Mr. Chua:

This letter is in response to your recent inquiry for coding verification of the above listed product(s) 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:

A4320 Irrigation tray with bulb or piston syringe, any purpose, for the Contro-Piston Syringe (Models DYNC2303, DYNC7061, DYNC7062, DYND20300, DYND20302, DYND20310) and the Contro-Bulb Syringe (Models DYND20100, DYND20102, DYND20110).

A4322 Irrigation syringe, bulb or piston, each, for the Contro-Piston Syringe (Models DYND20325, DYND20327) and the Contro-Bulb Syringe (Models DYND20124, DYND20125, DYND20127).

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 \$ADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

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 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.

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

Sincerely,

Catherine E. Anthos, RN HCPCS Medical Analyst

SADMERC