



MEDICARE

Part A Intermediary
Part B Carrier

April 10, 2008

Tim Gauer, Vice President-Respiratory Division
Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060

Re: Car power adapter (Model HCSKN932007)

Dear Mr. Gauer:

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. 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:

A9900 Miscellaneous DME supply, accessory, and/or service component of another HCPCS code, when provided on initial issue.

A9999 Miscellaneous DME supply or accessory, not otherwise specified, for replacement.

HCPCS code A9999 is a miscellaneous code and requires a complete description of the product when billing to Medicare. The description should include the manufacturer name, product name and the reason this item was prescribed for the patient.

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.

Palmetto GBA

Statistical Analysis Durable Medical Equipment Regional Carrier
Post Office Box 100143 • Columbia, South Carolina • 29202-3190

A CMS Contracted Intermediary and Carrier

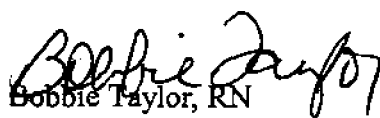
Should you disagree with this coding decision, a re-review of the product(s) can be initiated. The SADMERC will provide a re-review if the request is made within 45 days of the date of this letter and additional documentation is provided supporting the request. If a request for a re-review is made after 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.

This coding decision resulted in your product(s) receiving a miscellaneous HCPCS code(s). You may apply through the CMS HCPCS Workgroup for a new coding category for this product(s). This workgroup reviews applications for modification of permanent national Level II HCPCS codes. Please contact the CMS HCPCS Workgroup Coordinator at the Centers for Medicare and Medicaid Services. The address is provided below.

Centers for Medicare and Medicaid Services
Attention: Felicia Eggleston, CMS HCPCS Workgroup Coordinator
C5-08-27
7500 Security Boulevard
Baltimore, MD 21244-1850

Should you have any questions regarding this decision, please contact me at the address below or by telephone at (803) 763-8707.

Sincerely,


Bobbie Taylor, RN
HCPCS Medical Analyst
SADMERC