



Part A Intermediary
Part B Carrier
DME Regional Carrier

January 28, 2004

Lisa Bauer, Vice President Medline Industries, Inc. One Medline Place Mundelein, IL 60060

Re: Maxorb Extra CMC/Alginate Dressings (MSC7022, MSC7044, MSC7112, MSC7048,

MSC7012)

Dear Bauer:

This is a corrected letter for the letter you received dated November 4, 2003. The letter should read as follows:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on November 3, 2003 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the Maxorb Extra CMC/Alginate Dressings (MSC7022, MSC7044, MSC7112, MSC7048, MSC7012) meets the description for a surgical dressing as defined in the DMERC Medical Policy for Surgical Dressings. Therefore, the correct Medicare billing code(s) for the product(s) is/are

A6196 Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing for MSC7022, MSC7044, MSC7112

A6197 Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing for MSC7048

A6199 Alginate or other fiber gelling dressing, wound filler, per 6 inches for MSC7012

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.

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 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) 763-8215.

Sincerely,

B. J. White, RN

HCPCS Medical Analyst

SADMERC

cc: DMERCs