



**MEDICARE**

Part A Intermediary  
Part B Carrier  
DME Regional Carrier

June 29, 2005

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

Re: Urethral Catheterization Trays (Models DYNC1820, DYNC1816, DYND10300, DYND10305, DYND10350, DYND10500, DYND18200, DYND18350)  
Pre-Connected Urethral Catheterization Trays, Sterile (Models DYND10400, DYND10402, DYND10407)  
FlatPak Urethral Kit (Model DYND10410)  
Speci-Cath Kits, Sterile (Models DYND10800, DYND10805, DYND10806, DYND10810, DYND10815, DYND10820)

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:

**A4353 Intermittent urinary catheter, with insertion supplies**, for the Urethral Catheterization Trays (Models DYNC1820, DYNC1816, DYND10300, DYND10350, DYND10500, DYND18200, DYND18350), Pre-Connected Urethral Catheterization Trays, Sterile (Models DYND10400, DYND10402, DYND10407) and the FlatPak Urethral Kit (Model DYND10410).

**A4310 Insertion tray without drainage bag and without catheter (accessories only)**, for the Urethral Catheterization Tray (Model DYND10305).

**A9270 Noncovered item or service**, for the Specic-Cath Kits, Sterile (Models DYND10800, DYND10805, DYND10806, DYND10810, DYND10815, DYND10820).

**Palmetto GBA**

Statistical Analysis Durable Medical Equipment Regional Carrier  
Post Office Box 100143 • Columbia, South Carolina • 29202-3143

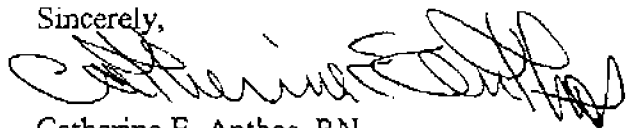
**A CMS Contracted Intermediary and Carrier**

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC. 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.

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,

A handwritten signature in black ink, appearing to read "Catherine E. Anthos". The signature is fluid and cursive, with a large initial "C" and "A".

Catherine E. Anthos, RN  
HCPCS Medical Analyst  
SADMERC