



**Pricing, Data Analysis  
and Coding (PDAC)**  
900 42nd Street South  
PO Box 6757  
Fargo, ND 58103-6757

April 23, 2010

MEDLINE INDUSTRIES INC  
ATTN JACOB KATZ  
ONE MEDLINE PLACE  
MUNDELEIN IL 60060

**Re: Assigned Healthcare Common Procedural Coding System (HCPCS) Codes for  
DME Billing**

**Xref #:** 10674721

**Product:** Optifoam Sacral

**Model number:** MSC1065EP and MSC1097EP

Dear Mr. Katz:

It is our determination that the Medicare (HCPCS) code to use to bill the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for the above listed product is:

A6212 FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING For Model Number MSC1065EP.

A6213 FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING For Model Number MSC1097EP

The product submitted does not meet the code description for the codes requested. The product does not appear to meet the size elements. When measured the items do not meet the more than 48 square inch element. The most appropriate codes for this item are the codes assigned.

This decision applies to the application that was received on February 10, 2010. If information submitted in that application has changed or were to change, it could impact our decision. Therefore, a new application would need to be submitted for HCPCS coding verification. This coding decision will be available within ten (10) working days on the Durable Medical Equipment Coding System (DMECS), which is located on the



PDAC web site, [www.dmepdac.com](http://www.dmepdac.com). Please take the time to verify that this coding decision is correctly reflected in DMECS.

The assignment of a HCPCS code to this/these product(s) is not an approval or endorsement of the product by Medicare or Noridian Administrative Services, LLC; nor does it imply or guarantee claim reimbursement or coverage. If you have questions about claim coverage or reimbursement, please contact the DME MAC for your jurisdiction.

If you disagree with this decision, you may request a reconsideration within 45 days of the date of this letter. To request a reconsideration, complete the Reconsideration Request form, which can be found on our Pricing Data Analysis and Coding (PDAC) web site at [www.dmepdac.com](http://www.dmepdac.com) under the HCPCS Review tab. If your request for a reconsideration is made after the 45-day time frame, it will be treated as a new HCPCS coding verification review request and require a new application and documentation to support the request.

If you would like to apply for a new coding category, please complete and send the application located at [www.cms.hhs.gov/MedHCPCSGenInfo/01\\_overview.asp](http://www.cms.hhs.gov/MedHCPCSGenInfo/01_overview.asp) to the Centers for Medicare & Medicaid Services (CMS) HCPCS Workgroup Coordinator. The mailing address is provided below. The CMS HCPCS Workgroup reviews applications for modifications of permanent national Level II HCPCS codes.

Centers for Medicare & Medicaid Services  
Felicia Eggleston, CMS HCPCS Workgroup Coordinator  
C5-08-27  
7500 Security Blvd  
Baltimore, Maryland 21244-1850

If you have any questions, please contact the PDAC Contact Center at the address listed above or by telephone at (877) 735-1326. The Contact Center is open Monday through Friday from 8:30 a.m. to 4 p.m. CT.

PDAC  
Noridian Administrative Services, LLC  
[www.dmepdac.com](http://www.dmepdac.com)

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