



## MEDICARE

Part A Intermediary  
Part B Carrier  
DME Regional Carrier

October 20, 2004

Michael Tymkiw  
President, Primary Care Division  
Medline Industries, Inc.  
One Medline Place  
Mundelein, IL 60060

Re:

- Woven Gauze Sponges, Non-Sterile (Models NON25208, NON25212, NON25312, NON25408, NON25412, NON25416).
- X-Ray Detectable Woven Gauze Sponges, Non-Sterile (Model NON25430)
- Avant Deluxe Gauze Sponges, Non-Sterile (Models NON26223, NON26224, NON26334, NON26443, NON26444)
- Avant Gauze Non-Woven Sponges, Non-Sterile (Models NON25224, NON25334, NON25444).
- Accu-Sorb Blended Gauze Sponges, Non-Sterile (Models NON27224, NON27443, NON27444)
- Caring Gauze Sponges, Non-Sterile (Models PRM21208C, PRM21212C, PRM21312C, PRM21408C, PRM21412C)
- Caring Gauze Sponges, Non-Sterile (Model PRM91408C)

Dear Mr. Tymkiw:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on October 19, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the surgical dressings meet the description for the HCPCS code(s) as assigned. Therefore, the correct Medicare billing code(s) for the product(s) is/are:

**A6216 Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.**

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

### Palmetto GBA

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

*A CMS Contracted Intermediary and Carrier*

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.

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.

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

Sincerely,



Judy McCamy, RN  
HCPCS Medical Analyst  
SADMERC

cc: DMERCs