



**MEDICARE**

Part A Intermediary  
Part B Carrier  
DME Regional Carrier

June 13, 2006

Stuart S. Kurlander  
Latham & Watkins, LLP  
555 Eleventh Street, N.W., Suite 1000  
Washington, DC 20004-1304

Re: Ultrasling Line of Products.

Dear Mr. Kurlander:

This letter is in response to your letter of June 2, 2006 requesting reinstatement of a previously assigned HCPCS code for the Ultrasling line of products. The Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) has re-reviewed the documentation and information submitted for HCPCS Coding.

Based on the additional information supplied to the SADMERC in your May 22 presentation, the SADMERC HCPCS Product Review staff has reclassified the Ultrasling Products to HCPCS Code L3670. This change is effective immediately and may be used for billing of products supplied for dates of service April 14, 2006 and following.

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.

**Palmetto GBA**

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