



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

June 9, 2005

Tom Traver
Vice President of Sales and Marketing
Swede-O, Inc.
6459 Ash Street
North Branch, MN 55056

Re: Thermoskin Open Knee Wrap Stabilizer (Models 82284, 83284, 84284, 85248, 86284, 87284)

Dear Mr. Traver:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on June 6, 2005 for the above listed product(s) distributed by your company. This review resulted in a consensus coding decision.

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

L1825 Knee orthosis, elastic knee cap, prefabricated, includes fitting and adjustment.

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.

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

Statistical Analysis Durable Medical Equipment Regional Carrier
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A CMS Contracted Intermediary and Carrier