



MEDICARE

Part A Intermediary  
Part B Carrier  
DME Regional Carrier

June 8, 2004

Jeff Wert, Vice President of Sales  
Remington Products Company  
961 Seville Road  
Wadsworth, OH 44281

Re: BiLam Diabetic Insole (Model 628)  
TriLam Diabetic Insole (Model 400 Plus)

Dear Mr. Wert:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) completed the HCPCS Coding Verification Review on June 7, 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 BiLam Diabetic Insole (Model 628) and the TriLam Diabetic Insole (Model 400 Plus) meet the characteristics and description of the HCPCS code(s) for multiple density inserts for diabetics as defined in the DMERC Medical Policy for Therapeutic Shoes for Diabetics. Therefore, the correct Medicare billing code(s) for the product(s) is/are

**K0628 For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 Durometer or 3/16 inch material of Shore A 40 Durometer (or higher), prefabricated, each.**

OR

**A5510 For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s), prefabricated, per shoe.**

This HCPCS coding decision applies to the submitted product 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.

**Palmetto GBA**

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

*A CMS Contracted Intermediary and Carrier*

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) 763-8215.

Sincerely,

A handwritten signature in cursive script, appearing to read "Catherine E. Anthos".

Catherine E. Anthos, RN  
HCPCS Medical Analyst  
SADMERC

cc: DMERCs