

Attachment A –

Novitas and First Coast should provide guidance in the LCA which identifies why products will be included in the Group 3 list. Currently there is some inconsistencies where product that meet requirements in the coverage policy and should be covered have been placed on the Group 3 non covered list. In order to be more transparent, both Novitas and First Coast should provide clear criteria for products to be on the Group 2 versus Group 3 list.

Respectfully, the following codes were placed in the Non Covered Group 3 list but should have been placed in the Covered Group 2 list:

CODE	DESCRIPTION
A2001	Innovamatrix ac, per sq cm
A2005	Microlyte matrix, per sq cm
A2006	Novosorb synpath per sq cm
A2008	Theragenesis, per sq cm
Q4126	Memoderm/derma/tranz/integup per sq cm
Q4135	Mediskin per sq cm
Q4142	Xcm biologic tiss matrix per sq cm
Q4146	Tensix, per sq cm
Q4195	Puraply per sq cm
Q4196	Puraply am per sq cm
Q4197	Puraply xt per sq cm