

August 24, 2011

DJO GLOBAL LLC  
ATTN DALE HAMMER  
1430 DECISION STREET  
VISTA CA 92081

**Re: Assigned HCPCS Codes for DME Billing**

**Xref #:** 15729332

**Product:** OA FULLFORCE, RT, MEDIAL, X SMALL, OA FULLFORCE, RT, MEDIAL, SMALL, OA FULLFORCE, RT, MEDIAL, MEDIUM, OA FULLFORCE, RT, MEDIAL, LARGE, OA FULLFORCE, RT, MEDIAL, X LARGE, OA FULLFORCE, RT, MEDIAL, XX LARGE, OA FULLFORCE, RT, MEDIAL, XXX LARGE, OA FULLFORCE, LT, MEDIAL, X SMALL, OA FULLFORCE, LT, MEDIAL, SMALL, OA FULLFORCE, LT, MEDIAL, MEDIUM, OA FULLFORCE, LT, MEDIAL, LARGE, OA FULLFORCE, LT, MEDIAL, X LARGE, OA FULLFORCE, LT, MEDIAL, XX LARGE, OA FULLFORCE, LT, MEDIAL, XXX LARGE

**Model numbers:** 11-1578-1, 11-1578-2, 11-1578-3, 11-1578-4, 11-1578-5, 11-1578-6, 11-1578-7, 11-1579-1, 11-1579-2, 11-1579-3, 11-1579-4, 11-1579-5, 11-1579-6, 11-1579-7

Dear Ms. Hammer:

The Pricing, Data Analysis, and Coding (PDAC) Contractor provides Healthcare Common Procedural Coding System (HCPCS) assistance to manufacturers to ensure proper coding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The PDAC has reviewed the above listed products. It is our determination that the Medicare HCPCS code to use when billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) is:

L1845 - KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

The PDAC provides coding decisions based on the coding guidelines established by the Local Coverage Determination (LCD) and associated policy article developed by the DME MACs. All products submitted to PDAC for a coding verification review are carefully examined by coders and professionals following a formal, standardized process.

This decision applies to the application that we received on July 27, 2011. If information submitted in that application has changed or were to change, it could impact our decision. Therefore, a new application would need to be submitted for HCPCS coding verification review. This coding decision will be available within ten (10) working days on the Durable Medical Equipment Coding System (DMECS), which is located on the PDAC web site, [www.dmepdac.com](http://www.dmepdac.com). Please take the time to verify that this coding decision is correctly reflected in DMECS.

It is the responsibility of manufacturers and distributors to notify the PDAC immediately of any changes involving their products, related to their current listing on the Product Classification List (PCL) on DMECS. Further information for requesting updates to the PCL can be found on the PDAC website at <https://www.dmepdac.com/review/notifying.html>.

The assignment of a HCPCS code to these product is not an approval or endorsement of the products by Medicare or Noridian Administrative Services, LLC; nor does it imply or guarantee claim reimbursement or coverage. If you have questions about claim coverage or reimbursement, please contact the DME MAC for your jurisdiction.

If you disagree with this decision, you may request a reconsideration within 45 days of the date of this letter. To request a reconsideration, complete the Reconsideration Request form, which can be found on our PDAC web site at [www.dmepdac.com](http://www.dmepdac.com) under the HCPCS Review tab. If your request for a reconsideration is made after the 45-day time frame, we will treat it as a coding verification review request and require a new application and documentation to support the request.

If you have questions about claim coverage or reimbursement, please contact the DME MAC for your jurisdiction. For other questions, contact the PDAC Contact Center at the address listed above or by telephone at (877) 735-1326. The Contact Center is open Monday through Friday from 8:30 a.m. to 4 p.m. CT.

PDAC  
Noridian Administrative Services, LLC  
[www.dmepdac.com](http://www.dmepdac.com)