



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

January 5, 2007

Dale Hammer
DJO, LLC
1430 Decision Street
Vista, CA 92081-8553

Re: BOA Duel TLISO (Models 11-2291-2, 11-2291-3, 11-2291-4, 11-2291-5, 11-2291-6)

Dear Mr. Hammer:

The SADMERC and the three Program Safeguard Contractors (PSCs) have completed the HCPCS Coding Verification Review on January 4, 2007 for the above listed product(s) manufactured and/or 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 defined in the PSC Medical Policy for Spinal Orthoses. Therefore, the correct Medicare billing code(s) for the product(s) is/are:

L0460 Thoracic lumbar sacral orthosis, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment.

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC and three PSCs. 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
Post Office Box 100143 • Columbia, South Carolina • 29202-3143

A CMS Contracted Intermediary and Carrier