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PO Box 6757  
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**PDAC**  
Medicare Pricing, Data Analysis  
and Coding

March 12, 2009

DJO LLC  
ATTN: DALE HAMMER  
1430 DECISION STREET  
VISTA CA 92081-8553

**Re:** FullForce CI: Model Numbers 11-0264-x,11-0265-x, 11-3222-x,11-3223-x

**Xref #:** 7573810

Dear Mr. Hammer:

This letter is a correction to our previous letter regarding your inquiry for coding verification of the above listed product(s) manufactured and/or distributed by your company. The only change is a correction to the product name.

It is our determination that the Medicare HCPCS code(s) to bill the four DME Medicare Administrative Contractors (DME MACs) is/are:

**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**

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the Pricing, Data Analysis and Coding (PDAC). Any modifications to the product(s) could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to the product(s) should in no way be construed as an approval or endorsement of the product(s) by PDAC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement, please contact your DME MAC jurisdiction.

**Should you disagree with this coding decision, a reconsideration can be requested. The reconsideration form is located on the PDAC website ([www.dmepdac.com](http://www.dmepdac.com)) under the HCPCS Review tab. The PDAC will reconsider the request if made within 45 days of the**

