



**Pricing, Data Analysis
and Coding (PDAC)**
900 42nd Street South
PO Box 6757
Fargo, ND 58103-6757

February 26, 2010

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

Re: Assigned Healthcare Common Procedural Coding System (HCPCS) Codes

Xref #: 10209394

Product: COMFORTFORM WRIST

Model numbers: 79-87281, 79-87282, 79-87283, 79-87285, 79-87287, 79-87288, 79-87291, 79-87292, 79-87293, 79-87295, 79-87297, 79-87298

Dear Mr. Hammer:

It is our determination that the Medicare HCPCS code to use to bill the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for the product listed above is:

L3908 - WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

This decision applies to the application that we received on December 15, 2009. 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. Please take the time to verify that this coding decision is correctly reflected in DMECS.

The assignment of a HCPCS code to this product is not an approval or endorsement of the product 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

