

June 3, 2011

DJO LLC
ATTN DALE HAMMER
1430 DECISION STREET
VISTA CA 92081

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

Xref #: 14589912

Product: AIRSPORT LARGE, LEFT, AIRSPORT LARGE, RIGHT, AIRSPORT MEDIUM, LEFT, AIRSPORT MEDIUM, RIGHT, AIRSPORT SMALL, LEFT, AIRSPORT SMALL, RIGHT, AIRSPORT XLARGE, LEFT, AIRSPORT XLARGE, RIGHT, AIRSPORT XSMALL, LEFT, AIRSPORT XSMALL, RIGHT

Model number: 02MLL, 02MLR, 02MML, 02MMR, 02MSL, 02MSR, 02MXLL, 02MXLR, 02MXSL, 02MXSR

Dear Ms. 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 products listed above is:

L4350 - ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

The code requested, L1906, requires the orthosis to provide multiligamentous support. In order for an ankle orthosis to provide multiligamentous support to the ankle, it must have a rigid foot plate. This footplate, which by means of attachment to each side of the ankle, provides functional tracking support and offers hind foot stability during ambulation. This, in conjunction with wrap around straps and inherent gauntlet design, offer areas of multiligamentous support as described by the code and predicate product.

The product submitted for review does not have a rigid footplate. Therefore, this product best meets the description of the code assigned.

This decision applies to the application that we received on April 6, 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. Please take the time to verify that this coding decision is correctly reflected in DMECS.

The assignment of a HCPCS code to these products 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 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 any questions, please contact the Pricing, Data Analysis, and Coding (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