



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

June 4, 2010

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

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

**Xref #:** 11131847

**Product:** Comfort Form Wrist/Thumb

**Model number:** 79-87302, 79-87303, 79-87305, 79-87307, 79-87308, 79-87312,  
79-87313, 79-87315, 79-87317, 79-87318

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:

L3807 WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S),  
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE

This decision applies to the application that we received on March 24, 2010. 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.

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

