

February 14, 2013

OSSUR AMERICAS INC
27051 TOWNE CENTRE DRIVE
FOOTHILL RANCH CA 92610

Re: Assigned HCPCS Codes for DME Billing

Xref: 23308635

REBOUND ANKLE BRACE	OSSUR AMERICAS INC	B-231500012	L1906
REBOUND ANKLE BRACE	OSSUR AMERICAS INC	B-231502512	L1906
REBOUND ANKLE BRACE	OSSUR AMERICAS INC	B-231600012	L1906
REBOUND ANKLE BRACE	OSSUR AMERICAS INC	B-231500013	L1906
REBOUND ANKLE BRACE	OSSUR AMERICAS INC	B-231500014	L1906
REBOUND ANKLE BRACE	OSSUR AMERICAS INC	B-231502513	L1906
REBOUND ANKLE BRACE	OSSUR AMERICAS INC	B-231502514	L1906
REBOUND ANKLE BRACE	OSSUR AMERICAS INC	B-231600013	L1906
REBOUND ANKLE BRACE	OSSUR AMERICAS INC	B-231600014	L1906
REBOUND ANKLE BRACE	OSSUR AMERICAS INC	B-231602512	L1906
REBOUND ANKLE BRACE	OSSUR AMERICAS INC	B-231602513	L1906
REBOUND ANKLE BRACE	OSSUR AMERICAS INC	B-231602514	L1906

Dear Linda Collins:

The Pricing, Data Analysis and Coding (PDAC) Contractor provides Healthcare Common Procedure Coding System (HCPCS) assistance to manufacturers to ensure proper coding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The PDAC has reviewed the above listed product(s). The Medicare HCPCS code(s) below should be used when billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs):

L1906 - Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Includes Fitting And Adjustment

According to the Local Coverage Article for Ankle-Foot/Knee-Ankle-Foot Orthoses - Effective January 2013, an ankle-foot orthoses described by codes L1900, L1910-L1990 extend well above the ankle (usually to near the top of the calf) and are fastened around the lower leg above the ankle. The terminal height of an Ankle Foot Orthosis (AFO) shall be located between the proximal border of the gastrocnemius and the apex of the head of the fibula (a region that is generally 2-4 cm distal to the apex of the head of the fibula). These features distinguish them from foot orthotics which are shoe inserts that do not extend above the ankle and ankle gauntlets described by codes L1902 – L1907.

Code L1906 describes a multiligamentous ankle support that provides control of the ankle joint between the medial and lateral malleoli while allowing for dorsiflexion and plantar flexion by way of a hinge or joint mechanism. This off-the-shelf ankle support includes a rigid stirrup and foot plate which provides functional tracking of the ankle with hind-foot and mid-foot stability during ambulation. This, in conjunction with wrap-around straps and the inherent gauntlet design, offers areas of multiligamentous support as described by the code.

The Rebound Ankle Brace is best defined as a multiligamentous ankle support; therefore HCPCS L1906 is the most appropriate fit.

The PDAC provides coding decisions based on the coding guidelines established by the Local Coverage Determination (LCD) and associated policy article developed by the DME MACs. All products submitted to PDAC for a coding verification review are carefully examined by coders and professionals following a formal, standardized process.

This decision applies to the application we received on January 11, 2013. 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.

It is the responsibility of manufacturers and distributors to notify the PDAC immediately of any changes involving their products, related to their current listing on the Product Classification List (PCL) on DMECS. Further information for requesting updates to the PCL can be found on the PDAC website at <https://www.dmepdac.com/review/notifying.html>.

An assignment of the HCPCS code(s) to product(s) is not an approval or endorsement of the product(s) 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 located on the PDAC web site at <https://www.dmepdac.com/review/requesting.html>. 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 questions about policy, claim coverage or reimbursement, please contact the DME MAC for your jurisdiction.

For other questions, contact the 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.

Sincerely,

PDAC
Noridian Administrative Services, LLC
www.dmepdac.com