

September 20, 2010

HENDRICKS ORTHOTICS PROSTHETICS ENTERPRISE INC  
DBA HOPE ORTHOPEDIC  
ATTN RAY HAZLEDINE  
6439 MILNER BLVD SUITE 6  
ORLANDO FL 32809

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

**Xref #:** 12066223

**Product:** VertaLux

**Model number:** VertaLux TLSO

Dear Mr. Hazledine:

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:

L0637 LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

The product submitted did not meet the anatomical sites of the code requested. The description states the posterior panel must extend from the sacrococcygeal junction and terminate inferior to the scapular spine this panel does meet the anatomical site requirement. The anterior panel anatomical site is to extend from the symphysis pubis to the xiphoid, this panel did not meet that site requirement. The anterior panel extends from the symphysis pubis to the middle of L-4.

This decision applies to the application that we received on July 01, 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 form, which can be found on our PDAC web site at [www.dmepdac.com](http://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](http://www.dmepdac.com)