

October 19, 2016

TOWNSEND DESIGN  
4615 SHEPARD STREET  
BAKERSFIELD CA 95003

**Re: Assigned HCPCS Codes for DME Billing**

**Xref: 56844970**

MANU-GO RIGHT SIZE XS	THUASNE / TOWNSEND DESIGN	T300702 201 011 01	A4466
MANU-GO RIGHT SIZE S	THUASNE / TOWNSEND DESIGN	T300702 202 011 01	A4466
MANU-GO RIGHT SIZE M	THUASNE / TOWNSEND DESIGN	T300702 203 011 01	A4466
MANU-GO RIGHT SIZE LG	THUASNE / TOWNSEND DESIGN	T300702 204 011 01	A4466
MANU-GO RIGHT SIZE XLG	THUASNE / TOWNSEND DESIGN	T300702 205 011 01	A4466
MANU-GO RIGHT SIZE XXLG	THUASNE / TOWNSEND DESIGN	T300702 206 011 01	A4466
MANU-GO LEFT SIZE XSM	THUASNE / TOWNSEND DESIGN	T300702 201 011 02	A4466
MANU-GO LEFT SIZE SM	THUASNE / TOWNSEND DESIGN	T300702 202 011 02	A4466
MANU-GO LEFT SIZE MD	THUASNE / TOWNSEND DESIGN	T300702 203 011 02	A4466
MANU-GO LEFT SIZE LG	THUASNE / TOWNSEND DESIGN	T300702 204 011 02	A4466
MANU-GO LEFT SIZE XXLG	THUASNE / TOWNSEND DESIGN	T300702 206 011 02	A4466
MANU-GO LEFT SIZE XLG	THUASNE / TOWNSEND DESIGN	T300702 205 011 02	A4466

Dear William Cox:

The Pricing, Data Analysis, and Coding (PDAC) Contractor has reviewed the product(s) listed above and has approved the listed Healthcare Common Procedure Coding System (HCPCS) code(s) for billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs).

The PDAC Contractor provides coding assistance to manufacturers to ensure proper coding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The PDAC publishes coding decisions based on the coding guidelines established by the Local Coverage Determinations (LCDs) and associated Policy Articles and any related Advisory Articles established by the DME MACs. All products submitted to the PDAC for a coding verification review are examined by coders and professionals following a formal, standardized process.

The PDAC has reviewed the above listed product(s). Based on this review and application of DME MAC policy, the HCPCS code(s) listed below should be used when billing the DME MACs:

**A4466** - Garment, Belt, Sleeve Or Other Covering, Elastic Or Similar Stretchable Material, Any Type, Each

The Advisory Article titled, "Correct Coding And Coverage - Braces Constructed Primarily of Elastic Or Other Fabric Materials" states:

For items where the HCPCS code does not specify elastic (other than the spinal codes listed above), the following guidelines apply:

- Items that are primarily constructed of elastic or other stretchable materials (e.g. support items made of material such as neoprene or spandex (elastane, Lycra®) (not all-inclusive)) must be coded as A4466 (GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE MATERIAL, ANY TYPE, EACH).
- Items that are primarily constructed of elastic or other stretchable materials (e.g. support items made of material such as neoprene or spandex (elastane, Lycra®)) (not all-inclusive)) that contain stays and/or panels must be coded as A4466 (GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE MATERIAL, ANY TYPE, EACH).

The product submitted for review does come with a semi-rigid palmar stay however; the item is made primarily of elastic material. HCPCS code L3908 is not assigned; therefore, HCPCS code A4466 is the most appropriate code.

This decision applies to the application we received on September 01, 2016. 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. The coding assigned in this decision letter will be available on the Product Classification List (PCL) on the Durable Medical Equipment Coding System (DMECS) within ten (10) working days from the letter's date. The DMECS can be accessed on the PDAC website, [www.dmepdac.com](http://www.dmepdac.com). Please take the time to verify that this coding decision is correctly reflected in DMECS.

If you disagree with this decision, you may request a reconsideration within 45 days of the letter's date and provide evidence to substantiate a reconsideration of PDAC's original coding

determination. To request a reconsideration, complete the Reconsideration Request form located on the PDAC website at <https://www.dmepdac.com/review/requesting.html>. If your request for a reconsideration is made after the 45-day time frame, it will require a new application and documentation to support the request.

It is the responsibility of manufacturers and distributors to notify the PDAC immediately of any changes involving their products, as listed on the 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>. It is also the responsibility of manufacturers and distributors to assure their websites and product marketing materials accurately reflect the product reviewed by the PDAC and the coding decision assigned.

An assignment of the HCPCS code(s) to product(s) is not an approval or endorsement of the product(s) by Medicare or Noridian Healthcare Solutions; nor does it imply or guarantee claim reimbursement or coverage.

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 Healthcare Solutions, LLC  
[www.dmepdac.com](http://www.dmepdac.com)