noridian
Healthcare Solutions

900 42nd Street South
Fargo, ND 58103

September 25, 2015

THUASNE / TOWNSEND DESIGN
4615 SHEPARD STREET
BAKERSFIELD CA 93313

Re: Assigned HCPCS Codes for DME Billing

Xref: 42256846

MANURHIZO FORM'IT	THUASNE / TOWNSEND DESIGN	7385 01	L3807

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:

L3807 - WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE

The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Quality Standards define custom-fitted and custom fabricated as follows:

Custom Fitted: A prefabricated device, which is manufactured in quantity without a specific patient in mind. The device may or may not be supplied as a kit that requires some assembly and/or fitting and adjustment, or a device that must be trimmed, bent, molded (with or without

heat), or otherwise modified by an individual with expertise in customizing the item to fit and be used by a specific patient.

Custom Fabricated: A custom fabricated item is one that is individually made for a specific patient. No other patient would be able to use this item. A custom fabricated item is a device, which is fabricated based on clinically derived and rectified castings, tracings, measurements, and/or other images (such as X-rays) of the body part. The fabrication may involve using calculations, templates, and components. This process requires the use of basic materials including, but not limited to, plastic, metal, leather, or cloth in the form of uncut or unshaped sheets, bars, or other basic forms and involves substantial work such as vacuum forming, cutting, bending, molding, sewing, drilling, and finishing prior to fitting on the patient.

Items that are considered custom-fitted are prefabricated products requiring significant modifications beyond simple bending, trimming or cutting in order to fit an individual. Custom-fitted modifications may include using tools to apply high heat for bending or molding, or to modify the product. These modifications must be performed by a person of expertise such as a certified orthotist at the time of delivery.

The product submitted for review does not meet the above definition of custom fabricated. It is considered custom-fitted due to the fact that the
wrist hand finger orthosis is constructed of prefabricated components assembled as a kit. Therefore, HCPCS code L3807 has been assigned.

This decision applies to the application we received on July 15, 2015. 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. 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