

March 14, 2012

OPTEC USA INC  
ATTN DAN SUAREZ  
975 PROGRESS CIRCLE  
LAWRENCEVILLE GA 30043

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

**Xref #:** 17631922

**Products:** EVOTEC TLSO W/ATE (SPK), EVOTEC TLSO W/ATE (PPK),  
EVOTEC TLSO W/ATE (SPX), EVOTEC TLSO W/ATE (PPX)

**Model numbers:** EV-TLSPK2X/XS, EV-TLSPKSM/MD, EV-TLSPKLG/XL,  
EV-TLSPK2X/3X, EV-TLSPK4X/5X, EV-TLPPK2X/XS, EV-TLPPKSM/MD,  
EV-TLPPKLG/XL, EV-TLPPK2X/3X, EV-TLPPK4X/5X, EV-TLSPX2X/XS,  
EV-TLSPXSM/MD, EV-TLSPXLG/XL, EV-TLSPX2X/3X, EV-TLSPX4X/5X,  
EV-TLPPX2X/XS, EV-TLPPXSM/MD, EV-TLPPXLG/XL, EV-TLPPX2X/3X,  
EV-TLPPX4X/5X

Dear Mr. Suarez:

The Pricing, Data Analysis, and Coding (PDAC) Contractor provides Healthcare Common Procedural 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 products. It is our determination that the Medicare HCPCS code to use when billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) is:

L0456 - TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

Per the Article for Spinal Orthoses: TLSO and LSO - Policy Article - Effective July 2010, "A spinal orthosis can be designed to control gross movement of the trunk and

intersegmental motion of the vertebrae in one or more planes of motion: Lateral/flexion (side bending) in the coronal/frontal plane, flexion (forward bending) or extension (backward bending) in the sagittal plane and axial rotation (twisting) in the transverse plane.... Sagittal control is achieved by a rigid posterior panel. Coronal control is achieved by a rigid panel in the mid-axillary line which is either an integral part of a posterior or anterior panel or a separate panel.”

The requested code L0464 requires restricted gross trunk motion in sagittal, coronal and transverse planes. The code description for code L0464 requires lateral strength be provided by overlapping plastic. Code L0464 was not assigned as the anterior and posterior plastic panels do not overlap. The code assigned best fits the EVOTEC TLSO W/ATE.

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 24, 2012. 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.

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>.

The assignment of a HCPCS code to these products is not an approval or endorsement of the products 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 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.

PDAC  
Noridian Administrative Services, LLC  
[www.dmepdac.com](http://www.dmepdac.com)