



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

November 17, 2006

Jennifer Hutter, President
MedSearch Legal Nurse Consultants
114 Ridge Spring Drive
Columbia, SC 29229

Re: SofTec Genu (Models 12246001070601, 12246001070602, 12246001070603,
12246001070604, 12246001070605, 12246001070606, 12246001070701,
12246001070702, 12246001070703, 12246001070704, 12246001070705,
12246001070706, 12246001080601, 12246001080602, 12246001080603,
12246001080604, 12246001080605, 12246001080606, 12246001080701,
12246001080702, 12246001080703, 12246001080704, 12246001080705,
12246001080706)
Manufactured by Bauerfeind USA, Inc.

Dear Ms. Hutter:

The SADMERC and the Program Safeguard Contractors (PSCs) have completed the HCPCS Coding Verification Re-Review on November 17, 2006 for the above listed product(s) manufactured by Bauerfeind USA, Inc. This re-review resulted in a consensus coding decision.

It is our determination that the above listed product(s) meet(s) the description for the HCPCS code(s) as assigned. Therefore, the correct Medicare billing code(s) for the product(s) is/are:

L1832 Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment.

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC and the three PSCs. Any modifications to this product could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to this product should in no way be construed as an approval or endorsement of this product by SADMERC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement please contact your regional DMERC.

Should you disagree with this coding decision, a re-review of the product(s) can be initiated. The SADMERC will provide a re-review if the request is made within 45 days of the date of this letter and additional documentation is provided supporting the request. If a request for a re-review is made after 45 days, the request is treated as a new Coding Verification Review and a complete application must be submitted along with the additional documentation supporting the request.

Palmetto GBA

Statistical Analysis Durable Medical Equipment Regional Carrier
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A CMS Contracted Intermediary and Carrier