



**Pricing, Data Analysis
and Coding (PDAC)**
900 42nd Street South
PO Box 6757
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June 7, 2011

AIR A MED INC
ATTN ROBERT V DEMARIA
7830 DREW CIRCLE #10
FORT MYERS FL 33967

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

Xref #: 14678011

Product: 90 DEGREE NIGHT SPLINT (SMALL), 90 DEGREE NIGHT SPLINT (MEDIUM), 90 DEGREE NIGHT SPLINT (LARGE), 90 DEGREE NIGHT SPLINT (X-LARGE)

Model number: 11-1000, 11-2000, 11-3000, 11-3000X

Dear Mr. DeMaria:

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 products listed above is:

L4398 - FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

Ankle-Foot/Knee-Ankle-Foot Orthosis - Policy Article - Effective February 2011, a static or dynamic positioning ankle-foot orthosis (L4396) is a prefabricated ankle-foot orthosis which has all of the following characteristics:

1. Designed to accommodate either plantar fasciitis or an ankle with a plantar flexion contracture up to 45°; and
2. Applies a dorsiflexion force to the ankle; and
3. Used by a patient who is minimally ambulatory, or nonambulatory; and
4. Has a soft interface.

A foot drop splint/recumbent positioning device (L4398) is a prefabricated ankle-foot orthosis which has all of the following characteristics:



1. Designed to maintain the foot at a fixed position of 0° (i.e., perpendicular to the lower leg); and
2. Not designed to accommodate an ankle with a plantar flexion contracture; and
3. Used by a patient who is nonambulatory; and
4. Has a soft interface.

The product submitted for review is considered a recumbent positioning device as it holds the foot in a fixed position perpendicular to the leg, does not apply a dorsiflexion force to the ankle and cannot accommodate a ankle contracture up to 45°. Therefore, the code assigned is the best code for the product.

This decision applies to the application that we received on April 19, 2011. 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. Please take the time to verify that this coding decision is correctly reflected in DMECS.

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, which can be found on our PDAC web site at 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