



**MEDICARE**

Part A Intermediary  
Part B Carrier

July 10, 2008

Dale Hammer  
Vice President Corporate Compliance  
DJO, LLC  
1430 Decision Street  
Vista, CA 92081-8553

Re: LEGEND Knee Ligament Brace PCL (Models 11-0442-1-06060, 11-0442-2-06060, 11-0442-3-06060, 11-0442-4-06060, 11-0442-5-06060, 11-0442-6-06060, 11-0442-7-06060, 11-0443-1-06060, 11-0443-2-06060, 11-0443-3-06060, 11-0443-4-06060, 11-0443-5-06060, 11-0443-6-06060, 11-0443-7-06060)

Dear Ms. Hammer:

This letter is in response to your recent inquiry for coding verification of the above listed product(s) manufactured and/or distributed by your company. The Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) has reviewed the documentation and information submitted for HCPCS Coding. The SADMERC conducts reviews of products to determine the correct HCPCS code(s) of DMEPOS product(s) for Medicare billing.

It is our determination that the Medicare HCPCS code(s) to bill the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) is/are:

**L1845 Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment.**

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the SADMERC. Any modifications to the product(s) could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to the product(s) should in no way be construed as an approval or endorsement of the product(s) 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 DME MAC.

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**