

July 6, 2011

OTTO BOCK HEALTHCARE LP  
ATTN ADAM MCPHERSON  
TWO CARLSON PARKWAY NORTH  
SUITE 100  
PLYMOUTH MN 55447

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

**Xref #:** 15131640

**Product:** Malleo Sprint Light XS, Malleo Sprint Light S, Malleo Sprint Light M,  
Malleo Sprint Light L, Malleo Sprint Light XL

**Model number:** 50S16=XS, 50S16=S, 50S16=M, 50S16=L, 50S16=XL

Dear Mr. McPherson:

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:

L1902 - ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED,  
INCLUDES FITTING AND ADJUSTMENT

The code requested, L1906, requires the orthosis to provide multiligamentous support. In order for an ankle orthosis to provide multiligamentous support to the ankle, it must have a rigid foot plate. This foot plate, which by means of attachment to each side of the ankle, provides functional tracking support and offers hind foot stability during ambulation. This, in conjunction with wrap around straps and inherent gauntlet design, offer areas of multiligamentous support as described by the code.

This decision applies to the application that we received on June 1, 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](http://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 product 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](http://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](http://www.dmepdac.com)