



**MEDICARE**

Part A Intermediary  
Part B Carrier

December 14, 2007

William Gustavson  
Director of Marketing  
Orthomerica Products, Inc.  
6333 North Orange Blossom Trail  
Orlando, FL 32810

Re: California ECO Orthosis (Models 3253, 3254, 3255, 3256, 3257, 3273, 3274, 3275, 3276, 3277)

Dear Mr. Gustavson:

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 re-reviewed the documentation and information submitted for HCPCS Coding. The SADMERC conducts re-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 Regional Carriers (DMERCs) is/are:

**L0456 Thoracic-lumbar-sacral orthosis, 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.**

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 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.

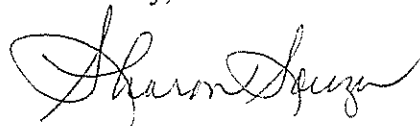
**Palmetto GBA**

Statistical Analysis Durable Medical Equipment Regional Carrier  
Post Office Box 100143 • Columbia, South Carolina • 29202-3190

*A CMS Contracted Intermediary and Carrier*

Should you have any questions regarding this decision, please contact me at the address below or by telephone at (803) 763-1639.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Souza". The signature is written in black ink and is positioned above the typed name.

Sharon Souza, RN  
HCPCS Medical Analyst  
SADMERC