

June 05, 2018

MOBIUS TECHNOLOGIES LLC
PO BOX 4350
251 NORTHWOOD WAY STE A&B
KETCHUM ID 83340
UNITED STATES

Re: Assigned HCPCS Codes for DME Billing

Xref Number: 79996575

Manufacturer Name	Product Name	Model Number	Assigned HCPCS Codes
MOBIUS TECHNOLOGIES LLC	X8 KNEE BRACE STORM GREY/CRIMSON L	1010304	L1820
MOBIUS TECHNOLOGIES LLC	X8 KNEE BRACE STORM GREY/CRIMSON M	1010303	L1820
MOBIUS TECHNOLOGIES LLC	X8 KNEE BRACE STORM GREY/CRIMSON S	1010302	L1820
MOBIUS TECHNOLOGIES LLC	X8 KNEE BRACE STORM GREY/CRIMSON XL	1010305	L1820
MOBIUS TECHNOLOGIES LLC	X8 KNEE BRACE STORM GREY/CRIMSON XXL	1010306	L1820
MOBIUS TECHNOLOGIES LLC	X8 KNEE BRACE WHITE/ACID YELLOW L	1010104	L1820
MOBIUS TECHNOLOGIES LLC	X8 KNEE BRACE WHITE/ACID YELLOW M	1010103	L1820
MOBIUS TECHNOLOGIES LLC	X8 KNEE BRACE WHITE/ACID YELLOW S	1010102	L1820
MOBIUS TECHNOLOGIES LLC	X8 KNEE BRACE WHITE/ACID YELLOW XL	1010105	L1820
MOBIUS TECHNOLOGIES LLC	X8 KNEE BRACE WHITE/ACID YELLOW XS	1010101	L1820
MOBIUS TECHNOLOGIES LLC	X8 KNEE BRACE WHITE/ACID YELLOW XXL	1010106	L1820
MOBIUS TECHNOLOGIES LLC	X8 KNEE BRACE WHITE/ACID YELLOW XXS	1010100	L1820

Dear Scott Watanabe:

The Pricing, Data Analysis, and Coding (PDAC) Contractor has reviewed the product(s) listed above and has approved the listed Healthcare Common Procedure Coding System (HCPCS) code(s) for billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs).

The PDAC Contractor provides coding assistance to manufacturers to ensure proper coding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The PDAC publishes coding decisions based on the coding guidelines established by the Local Coverage Determinations (LCDs) and associated Policy Articles and any related Advisory Articles established by the DME MACs. All products submitted to the PDAC for a coding verification review are examined by coders and professionals following a formal, standardized process.

The PDAC has reviewed the above listed product(s). Based on this review and application of DME MAC policy, the HCPCS code(s) listed below should be used when billing the DME MACs:

L1820 - KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

The "Local Coverage Article: Knee Orthoses - Policy Article" states:

Codes L1845, L1846 and L1852 describe prefabricated and custom fabricated (respectively) knee orthoses that have double uprights, condylar pads, and an adjustable flexion and extension joint and provide both medial-lateral and rotation control. Medial-lateral control of the knee is accomplished by the solid metal (or similar material) structure of the double uprights. Rotation control is accomplished by the combination of (1) solid metal (or similar material) in the anterior portion of the thigh and calf cuffs and (2) the condylar pads. These orthoses are designed for beneficiaries who are fully ambulatory.

Code L1820 describes a prefabricated knee orthosis with hinges or joints, constructed of latex, neoprene, spandex or other elastic material. There are medial and lateral condylar pads.

The product submitted does not have an adjustable flexion joint. The stops provided, when attached will pull taught with extension but not with flexion. Therefore, HCPCS code L1845 is not assigned. HCPCS code L1820 is the most appropriate code.

This decision applies to the application we received on 4/4/2018. 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. The coding

assigned in this decision letter will be available on the Product Classification List (PCL) on the Durable Medical Equipment Coding System (DMECS) within ten (10) working days from the letter's date. The DMECS can be accessed on the PDAC website, www.dmepdac.com. Please take the time to verify that this coding decision is correctly reflected in DMECS.

If you disagree with this decision, you may request a reconsideration within 45 days of the letter's date and provide evidence to substantiate a reconsideration of PDAC's original coding determination. To request a reconsideration, complete the Reconsideration Request form located on the PDAC website at <https://www.dmepdac.com/review/requesting.html>. If your request for a reconsideration is made after the 45-day time frame, it will require a new application and documentation to support the request.

It is the responsibility of manufacturers and distributors to notify the PDAC immediately of any changes involving their products, as listed on the PCL on DMECS. Further information for requesting updates to the PCL can be found on the PDAC website at <https://www.dmepdac.com/review/notifying.html>. It is also the responsibility of manufacturers and distributors to assure their websites and product marketing materials accurately reflect the product reviewed by the PDAC and the coding decision assigned.

An assignment of the HCPCS code(s) to product(s) is not an approval or endorsement of the product(s) by Medicare or Noridian Healthcare Solutions; nor does it imply or guarantee claim reimbursement or coverage.

If you have questions about policy, claim coverage or reimbursement, please contact the DME MAC for your jurisdiction. For other questions, contact the 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.

Sincerely,

PDAC
Noridian Healthcare Solutions, LLC
www.dmepdac.com