Centers for Medicare & Medicaid Services (CMS)
HCPCS Public Meeting Summary Report for:
Orthotics and Prosthetics Public Meeting
June 8, 2005

Public Meeting Introduction and Overview

Michael Barron, CMS Office of Operations Management, moderated the meeting. Approximately 50 people attended. The agenda included 26 items.

Cindy Hake provided an overview of the public meeting process and the overall HCPCS process. She also discussed the survey of stakeholders regarding needed changes to the HCPCS process, the nature of responses to the survey, and the nature of changes already made, as well as pending changes, included in the reformation of the HCPCS process. Monitor the HCPCS world-wide website for announcement of changes to the HCPCS coding process at www.cms.hhs.gov/medicare/hcpcs.

Joel Kaiser presented an educational overview of the variety of methods used for setting the payment amount for items, and when the different methods are used. This overview was also provided as a written attachment to the agenda. For additional information, the DME payment rules are located at Section 1834(a) of the Social Security Act. The Medicare fee schedule for DME, Prosthetics, Orthotics and Supplies, and background information, can be accessed and downloaded free of charge at: http://cms.hhs.gov/providers/pufdownload/default.asp#dme.

CMS HCPCS Public Meetings provide an opportunity for CMS to share its preliminary coding decisions and payment recommendations, and an opportunity for interested parties to make oral presentations and submit written comments in reaction to CMS' these coding and pricing recommendations.

Prior to the Public Meetings the CMS HCPCS workgroup meets to review the coding requests on the public meeting agenda, and to make a preliminary coding decision. CMS also makes preliminary decisions regarding the applicable payment category and methodology that will be used to set a payment amount for the items on the agenda. The preliminary coding and payment recommendations are included in the public meeting agendas.

Following the public meeting, the CMS HCPCS workgroup will reconsider its preliminary coding decisions based on the input heard at the Public Meetings. Afterwards, the workgroup will decide on its final recommendations. CMS maintains the permanent HCPCS level II codes, and reserves final decision making authority concerning requests for permanent HCPCS codes. Final decisions regarding Medicare payment are made by CMS and must comply with the Statute and Regulations. Payment determinations for non-Medicare insurers, (e.g., state Medicaid Agencies or Private Insurers) are made by the individual state or insurer.

HCPCS Public Meetings are not workgroup meetings. No final decisions are made at the public meetings. All requestors will be notified in writing, in early November, of the workgroup's final decision regarding the HCPCS code request(s) they submitted.

The process for developing agendas and speaker lists for the public meetings, and Guidelines for Proceedings at CMS' Public Meetings for new supplies are posted on the official HCPCS world wide web site at: http://cms.hhs.gov/medicare/hcpcs/default.asp. The standard application form for requesting a modification to the HCPCS Level II Coding System, along with instructions for completion and background information regarding the HCPCS Level II coding process is available on the same web site.

Public Meeting Summary

The following information includes a detailed summary of each request on the Public Meeting Agenda, along with CMS' preliminary decisions and rationale, and summaries of presentations made by primary speakers.

Meeting Agenda Item #1
June 8, 2005
HCPCS Request #05.63A&B

Background/Discussion:

Linda Sherburne of Breg, Inc. submitted a request to: A) Establish a code for a knee brace, trade name: Breg's X2K Custom Counterforce Plus and B) establish a code for a knee brace, trade name: Breg's X2K OA. The requester claims that, "While there are HCPCS codes that identify "with or without" varus/valgus adjustment, (single upright); no base code exists that appropriately identifies the double upright product." According to the requester, Breg's X2K knee braces are used for unicompartmental osteoarthritis, degenerative joint disease, ACL with Associated condral defect, post-op high tibal osteotomy, articular defect and/or repair, and osteochondral grafting and etc. Breg's X2K Custom Counterforce Plus is a custom fabricated functional knee brace that addresses not only the pain associated with unicompartmental osteoarthritis, but also the stability needs of the beneficiary. Breg's X2K OA is a prefabricated functional knee brace that addresses pain associated with unicompartmental osteoarthritis, and the stability needs of the beneficiary. These braces affect the varus/valgus movement, at the knee, which helps to reduce pain and restore normal function. In order to relieve pain in the affected compartment, the diamond shape ensures rigidity to the frame allowing the application of a positive varus or valgus load from the unaffected side. Breg's X2K offers double upright aluminum frames, adjustability of load, 2 polycentric joints, 5 numbered straps and strap pads, medical grade silicone added to the strap pads, enlarged tibial frame pad and thigh frame pad.

CMS HCPCS Workgroup preliminary decision:

#05.63A
Revise L1846 to read: Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated.

The products that are the subject of this request will be adequately described by double upright knee orthosis code L1846, when the code is revised to include the words "WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT", effective January 1, 2006. Use revised L1846.

#05.63B
Revise code L1845 to read: Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment.

The product that is the subject of this request will be adequately described by double upright knee orthosis code L1845, when the code is revised to include the words "WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT", effective January 1, 2006. Use revised L1845.

There was no Primary Speaker for this item.

Meeting Agenda Item #2
June 8, 2005
HCPCS Request #05.67

Background/Discussion:
Darlene Sassi of Sassi Pacer, Inc. submitted a request to establish a code for an outer support system, trade name: Sassi Pacer Drop Foot Support System. The requester claims there is currently no code to fully describe the Sassi Pacer. According to the requester, the Sassi Pacer gives anyone with drop foot the opportunity to walk with a more normal gait more comfortably. Every component of the Sassi Pacer is soft and pliable. It moves naturally with all joints, muscles, and ligaments. Sassi Pacer is easily worn, and the soft cotton and flannel lined ankle band draws in the soft rubber tubing without interfering with the tension needed to support the foot allowing the patient to wear slacks. The Sassi pacer is machine-washable and easily placed on or taken off simply by pulling two Velcro tabs and unhooking one clip. The Pacer is a deterrent of atrophy by allowing 100% range of movement of all muscles, joints and ligaments at all times, enabling a patient to achieve their maximum recovery status. It also stops the ankle from locking up from lack of movement that is common with current ankle foot orthoses. With the Pacer, pressure sores and chaffing are nearly eliminated.

CMS HCPCS Workgroup preliminary decision:
No new code.

No payer identified a national program operating need to alter the existing code set to identify the item that is the subject of this request. This product does not meet Medicare's definition of a brace and this item does not meet the criteria of any Medicare Benefit Category. Also your reported sales volume was insufficient to support your request for a revision to the national codes. There must be sufficient claims activity or volume, as evidenced by 3 months of marketing activity for non-drug products, so that the adding of a new or modified code enhances the efficiency of the system and justifies the administrative burden of adding or modifying a code. For Medicare, use existing code A9270 "NON-COVERED ITEM OR SERVICE". It is inappropriate to use code E1399 for Medicare. For private sector health insurance systems, please contact the individual private insurance contractor. For Medicaid systems, please contact the Medicaid Agency in the state in which the claim is being filed.

Primary Speaker – Darlene Sassi of Sassi Pacer, Inc., disagreed with the preliminary decision not to assign a new HCPCS code for the Sassi Pacer Drop Foot Support System. Ms. Sassi concluded that the review of therapists, neurologists, users, and others in the medical field that know what AFO's are and the extreme difference between AFO brace type and the Pacer AFO. There is a great need for both.

Meeting Agenda Item #3
June 8, 2005
HCPCS Request #05.95 A&B

Background/Discussion:
Jeffrey Alaimo of ACOR Orthopedic, Inc. submitted a request to A) Establish a code for a fabric lining as an add-on to prefabricated orthotics and therapeutic footwear, trade name: X-Static and B) Establish a code for an add-on to custom fabricated orthotics, prosthetics, and therapeutic footwear, trade name: X-Static. According to the requester, X-Static is a polyester material with a layer of pure silver permanently bonded to its threads. It is used as an add-on liner for orthotic devices, prosthetic devices and therapeutic footwear. X-static also provides an interface on the device that is next to the patient's skin. X-Static inherits all the natural attributes of pure silver thus providing users with a broad spectrum antimicrobial, all natural, anti-odor, and thermodynamic footwear that are comfortable, bacteria free, and odor-free.

CMS HCPCS Workgroup decision preliminary decision: To use existing HCPCS codes for soft interface materials when not already included in the base code.

Existing codes for fabric liners adequately describe a category of items which are functionally similar to the items in these coding requests. There are no significant therapeutic distinctions between the category of items described in this code and the items in the coding request. According to the FDA, silver is not an antimicrobial substance. There is no medical evidence supporting a difference in outcomes based on the types of materials used to make this product. No payer has identified a national program operating need to alter the existing code set to uniquely define the specific materials that are the subject of this request. When soft interface material is included in the base code, it should not be separately coded or billed. Use existing codes for soft interface material only when the interface material is not included in the base code.

Primary Speaker – Ross Marty of ACOR, disagreed with the preliminary decision to use an existing code. Mr. Marty concluded that they were happy to see that CMS did not find any arguments with the benefits that X-Static fabric offers to the patient, however, they still contend that the current codes are not sufficient. X-Static fabric is used in conjunction with a cushion interface, not instead of one. The cushion layer is lined with the X-Static fabric, to give the patient the benefits of X-Static fabric's anti-bacterial, anti-odor and anti-fungal properties. The FDA has approved hundreds of devices that include silver. Johnson and Johnson's Actisorb Antimicrobial Wound Dressing and Nobel Fiber's Silverseal line of Antimicrobial Woundcare items, are just a few examples of products that are FDA approved and Medicare reimbursed.

With all the compelling information of the benefits of X-Static fabric and the distinction between the current codes for a cushion interface, ACOR Orthopedic respectfully request unique L-codes for this medically and therapeutically beneficial product.

Meeting Agenda Item #4
June 8, 2005
HCPCS Request #05.96

Background/Discussion:
James Campbell of Becker Orthopedic submitted a reconsideration request to establish a code for an E-Knee, Trade Name: Becker 9001 E-Knee, with applicant's recommendation for language as follows: "Addition to custom made lower limb orthosis, stance control knee joint mechanism that is automatically engaged during stance phase and disengaged during swing phase, electronically activated." According to the requester, the Becker 9001 E-Knee is an electrically-controlled knee component, with associated hardware, that must be incorporated into a custom-made lower limb orthosis for patient use. The mechanical knee joint provides a lock against flexion that can be disengaged when appropriate but always permit free extension. The 9001 E-Knee is indicated for patients with quadriceps weakness or paralysis, or with similar pathologic conditions that preclude active neuromuscular control of knee stability.

CMS HCPCS Workgroup preliminary decision: To use existing code L9900 orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code.

This knee joint is not separately payable as it must be incorporated into a custom KAFO - which is identified by existing code L2005 knee, ankle, foot orthosis, any material, single or double upright, stance control. If the knee joint is separately identified, L9900 should be used.

Primary Speaker - Dr. Jim Campbell, PhD disagreed with the preliminary decision and is recommending a new addition code L2XXX with language "Addition to lower extremity orthosis, electronic stance control that is automatically engaged during stance phase and disengaged during swing phase".

Current studies are showing very positive outcomes from use of the E-Knee. This will ultimately reduce long-term costs by reducing long rehab stays. Improved ambulation will lead to overall better health. Many other countries, other than the USA, are utilizing this 8improved technology with tremendous success. The current lack of code in the USA is preventing many patients from obtaining this proven orthosis (Eknee). Further, advancements in technology are being discouraged by the lack viability to get newer/improved devices to patients.

Meeting Agenda Item #5
June 8, 2005
HCPCS Request #05.97

Background/Discussion:
Tom Traver of Swede-O Inc. submitted a request to establish a code for an Ankle Foot Orthotic, Trade Name: Thermoskin Plantar FXT. According to the requester, the Thermoskin Plantar FXT is used for the treatment of Plantar Fasciitis and/or ankle flexion contracture. It is an alternative to the typical rigid, bulky night splint. It gently pulls the toes back slightly to stretch the Plantar Fascia so it may heal. Due to the low profile of the Plantar FXT, it is also possible to wear a knee orthosis at the same time. The Plantar FXT may also be worn during the day (while seated) to provide longer treatment times. The product is made of a durable fabric with Trioxon lining, a Velcro strap is used to adjust the fit of the AFO around the ankle. A tension strap (Velcro strap) functions as a lever to maintain foot position and to provide plantar surface support and prevent plantar flexion. This strap can be adjusted to provide different levels of tension. The Trioxon lining creates a micro-climate that maintains an elevated skin temperature while still allowing the skin to ventilate. This climate allows heat therapy to be used on the muscles as they are stretched. The spiral structure of the Trioxon lining wicks moisture away from the skin and traps air within the lining to prevent excessive perspiration.

CMS HCPCS Workgroup preliminary decision: No new code.

There is currently no national program operating need on the part of any insurer (Medicare, Medicaid, Private Insurers), to alter the existing code set to describe this item. This product does not meet Medicare's definition of a brace and it does not fit into a Medicare benefit category. For Medicare, use existing code A9270 non-covered item or service. For guidance regarding appropriate coding for private sector health insurance systems, please contact the individual private insurance contractor. For Medicaid systems, please contact the Medicaid Agency in the state in which the claim is being filed.

Primary Speaker – Jennifer Hutter, on behalf of Swede-O Inc. disagreed with the preliminary coding decision, as the Plantar FXT *does* meet the clinical definition of an orthotic. As far as the technical definition of an orthotic, that is it requires a rigid component to be a brace, there have already been coding precedents set that allow for coding and coverage of elastic orthotics that do not incorporate any rigid components. Therefore, we are requesting an L code for this support, so that it can be available for beneficiaries. Recommend: Lxxxx - Ankle Foot Orthosis, Soft, low profile, adjustable with Velcro strap, prefabricated, includes fitting and adjustment.

Meeting Agenda Item #6
June 8, 2005
Request #05.100

Background/Discussion:
Karen Bonn of Restorative Medical, Inc. submitted a request to establish codes to identify HyperHand™ devices HyperHand Solid Thumb; HyperHand Padded Thumb; Ulnar Drift (UD) HyperHand Solid Thumb; and UD HyperHand Padded Thumb; and component parts of these devices, either as a kit or as separate devices. According to the requester, the base device of the HyperHand™ designed and manufactured by Restorative Medical, Inc. (RMI) is heat moldable Kydex®. It is not only heat moldable, but holds its shape after it cools while providing the FLEX properties to work with neurological tone. This device also provides the prolonged low load passive stretch required to treat adaptive tissue shortening. It is to be reheated and remolded as the patient progresses to allow continual gradual progress toward normal alignment. It can be washed off with soap and warm water.

CMS HCPCS Workgroup preliminary decision: To use existing code L3807 wrist hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustments, any type.

An existing code, L3807, adequately describes a category of items which are functionally similar to the items in this coding request. There are no significant therapeutic distinctions between the category of items described in this code and the items in the coding request. The existing code includes fitting and adjustment. There is currently no national program operating need on the part of any payer to alter the existing code set to describe these items. Heating and bending these devices does not constitute custom fabrication. These devices are prefabricated, use of code L1805, or separately listing components is not appropriate.

Primary Speaker – Karen L. Bonn, RN, COF, RFO, disagreed with the preliminary decision and concludes:

- Each new HyperHand component should be coded separately
- New coding is appropriate
  - Each individual component is a new innovation.
  - New components can be utilized individually
  - New components can be utilized in any combination
- New coding is vital
  - HyperHand provides unique, targeted treatment
  - L3807 coding offers insufficient reimbursement for these highly complex, tailored devices
- Your authorization of new coding is pivotal to patient access to HyperHand products

Meeting Agenda Item #7
June 8, 2005
HCPCS Request #05.101

Background/Discussion:
Gary Horton of Horton Technology Inc. has submitted a request to establish a new add-on L code, applicant suggestion: L238X (Addition to custom fabricated lower limb orthoses or prosthesis, stance control knee joint mechanism that is automatically engaged during stance phase and disengaged during swing phase, mechanically activated), to describe the Horton's Stance Control Orthotic Knee™ Joint System or SCOKJ® System. The applicant also suggests that their proposed language could also apply to the Becker e-knee, however the applicant states that the e-knee microprocessor controlled electronic actuation should have its own unique addition code. An application was not submitted for such code. Horton SCOKJ System consists of mechanical knee joints and associated actuation hardware that must be incorporated into a custom fabricated orthoses or prosthesis to provide knee stability during weight bearing when the patient is unable to do so due to a physical disability.

CMS HCPCS Workgroup preliminary decision:
1) Use existing code L2005 (knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated) to bill for the entire KAFO, including the item that is the subject of this request.
2) Use existing code L5999 (lower extremity prosthesis, not otherwise specified) only when this item is used as a prosthetic.

An existing code, L2005, adequately describes a category of items which are functionally similar to the item in this coding request. There are no significant therapeutic distinctions between the category of items described in this code and the item in the coding request. L2005 encompasses the total product as a KAFO. Although the requestor makes the joint separately, only the final/complete KAFO should be billed, and L2005 is the appropriate code. For Medicare, use code L5999 only when this item is used as a prosthetic.

Primary Speaker – John W. Michael, Med, CPO, disagreed with the preliminary decision and concluded the following:
1. Horton's SCOKJ System stance control knee joint components provide biomechanical functions that are unique and distinct from all other mechanical SC joints.
2. The versatility of the Horton's SCOKJ System makes it the optimal choice for many patients, particularly those with more complex disabilities.
3. The language of L2005b is inherently confusing because it attempts to aggregate too wide a range of functionally different orthoses.
4. The language of L2005 makes it impossible to establish a single reasonable Allowable for such a wide range of custom orthoses.
5. The current code L2005 effectively covers only a fraction of the clinical variation of the Horton's SCOKJ.

6. The current code L2005 effectively discourages many Medicare beneficiaries from receiving the Horton's SCOKJ, while encouraging the use of alternatives that are not as bio-mechanically stable
7. These shortcomings can be readily addressed by changing the descriptor for L2005, or establishing a new code, with specific language that is more clear, concise, and accurate.

Meeting Agenda Item #8
June 8, 2005
HCPCS Request #05.108

Background/Discussion:
Kaia Ann Halvorson of Hanger Prosthetics and Orthotics and Hanger Orthopedic Group Inc., submitted a request to establish a code for custom molded/designed total contact burn mask/orthosis also referred to as a Transparent Facial Orthosis TFO, Transparent Face Neck Orthosis TFNO, or Transparent Neck Orthosis TNO. According to the requester, TFOs, TFNOs, TNOs and custom molded burn masks are made from durable clear plastic materials that can withstand repeated use; material examples include surlyn or vicac. Patients typically wear these orthosis for 12-30 months with no negative performance or durability issues. Patients may use the same orthosis for the entire treatment regimen, however if there are anatomical changes that cannot be accommodated with the current orthosis a second orthosis may be indicated.

CMS HCPCS Workgroup preliminary decision: To establish a new "A: code.

A???? Compression burn mask, face and/or neck, plastic or equal, custom fabricated.

Use newly established A???? to describe the items that are the subject of this request.

Primary Speaker – Kaia Halvorson, CPO, LPO disagreed with the decision to make an A code and wants CMS to consider making this an L code instead and call it an orthotic because it is rigid. She thinks the new code will be used for compression garments.

Meeting Agenda Item #9
June 8, 2005
HCPCS Request #05.111

Background/Discussion:
Jason Bradshaw of Scott Orthotic Labs, Inc. submitted a request to establish a unique code for the Zero-G Suspension Unweighting Orthotic Walker. Following a National Panel decision based on prior request #04.267; the SADMERC assigned this product to existing code L4386 WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PRE-FABRICATED, INCLUDES FITTING AND ADJUSTMENT for the purpose of billing Medicare. The applicant claims the Zero-G Suspension Unweighting Orthotic Walker should be differentiated from other products coded in the L4386 category because this product provides suspension, unweights the foot and ankle, and relieves plantar surface pressure whereas a "standard walker" does not provide suspension. The Walker incorporates a supple but strong leather lacer calf corset with lace and Velcro closures. This design provides for a completely adjustable/total contact hydrostatic lift of the inverted cone shape of the calf. The rigid plastic rocker sole and malleable metal uprights provide a strong stable substructure in order to transfer the weight from the ground to the calf and not the foot and ankle. The unique design allows for repeatability in the donning process to insure proper unweighting every time it is fit. This also allows the doctor to easily check the patient at their regular office visits. The Zero-G has two main components; the Walker base, which includes the foot insure with ¼" Plastozote and 1" memory foam, donning pad, and protective foot cover. And the leather calf lacer which includes the laces, straps and one pair of SmartKnit Diabetic over the calf socks. These two components are sized according to measurements.

CMS HCPCS Workgroup preliminary decision: No new code.

If the item is used for unloading, the product is not covered by Medicare. In this case, A9270 (non-covered item or service) should be used for Medicare billing. When the item is used as a brace, it is functionally the same as the products in code L4386 (walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment). There are no significant therapeutic distinctions between the category of items described in this code and the item in the coding request. When used as a brace, code L4386 should be used for Medicare billing. Other payers should be contacted for appropriate coding information. For private sector health insurance systems, please contact the individual private insurance contractor. For Medicaid systems, please contact the Medicaid Agency in the state in which the claim is being filed.

Primary Speaker – Casey Bradshaw disagreed with the preliminary decision and stated:

- "The Zero-G is a valuable Modality that can be utilized when addressing foot plantar surface ulcerations.
- Immediate fit, to start the healing process.

- This is a Limb Salvage Device.
- Saving Limbs, healing patients, and keeping them ambulatory improves their quality of life.
- Cost Effective, Saves Insurers Money.
- Our request is to have a Code established for unloading the foot utilizing a non-molded leather lacer, repeatable donning process, on a pre-fabricated orthosis."

Meeting Agenda Item #10
June 8, 2005
HCPCS Request #05.112

Background/Discussion:
Greg Huckert of Townsend Design submitted a request to modify the descriptors of existing codes L1843 KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT and L1844 KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED to include double upright knee braces. According to the requester, there are no specific base codes that describe double upright custom or prefabricated OA unloader type knee braces. The Townsend Reliever Series OA knee braces consist of double uprights and dual hinges, with thigh and calf bands. The knee joints will permit changes in flexion, extension, and varus/valgus alignment. These custom and prefabricated OA knee braces are designed to reduce load and maintain normal leg alignment for patient's requiring treatment for unicompartment OA of the knee joint. The knee braces provide medial-lateral support and rotation control, and also allow for adjustments to the corrective force applied by the brace. These braces are effective in reducing pain by decreasing the load on the compromised compartment. In addition to minimizing pain, the braces reduce wear and tear on the knee and slow down the progression of degeneration of the bony surfaces of the joint.

CMS HCPCS Workgroup preliminary decision: Revise codes L1845 and L1846, (which already describe double upright knee orthoses), to add the language "with or without varus/valgus adjustment". Revised codes will read as follows: L1845 (knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment) and L1846 (knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated).

Use revised codes L1845 and L1846.

Primary Speaker – Rick Riley, CEO of Townsend Design, disagreed with the preliminary decision and states that "reimbursement for L1845 and L1846 are substantially less than the reimbursement for L1843 and L1844". He also states that "ALL OA braces (single or dual upright), should be reimbursed at a higher rate than functional knee braces, and that all OA braces should be rightfully classified under the L1843 and L1844 codes".

Meeting Agenda Item #11
June 8, 2005
HCPCS Request #05.71

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for an elbow orthosis (EO), static, custom-fabricated. According to the requester, the EO, static, custom fabricated is a rigid circumferential, dorsal or volar framed orthosis with soft straps and closures for the arm, elbow and forearm initiating proximal to the elbow joint, crossing the elbow joint, secured along the arm and forearm and extends to, but does not cross the wrist. Statically stabilizes and may limit motion of the elbow. The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. Specifically the EO, static, custom fabricated is used to protect medical conditions of the elbow, distal humerus, humeroulnar joint, proximal radioulnar joint and/or proximal end and shafts of the radius and ulna during the healing process or reduce contractures and stiffness of these structures.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish new L code.

Meeting Agenda Item #12
June 8, 2005
HCPCS Request #05.72

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Shoulder Orthosis (SO), static, custom-fabricated. According to the requester, the SO, static, custom fabricated is a rigid circumferential, dorsal or volar framed orthosis with soft straps and closures for the shoulder initiating proximal to the glenohumeral joint, crossing the glenohumeral joint, secured along the humerus and extends to, but does not cross the elbow. Statically stabilizes or limits motion of the shoulder. The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. Specifically the SO, static, custom fabricated is used to protect medical conditions of the shoulder during the healing process and/or to prevent contractures and stiffness of the shoulder.

CMS HCPCS Workgroup preliminary decision: To establish two new "L" codes.

L???? Shoulder orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

L???? Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish 2 new L codes.

Meeting Agenda Item #13
June 8, 2005
HCPCS Request #05.73

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Shoulder Orthosis (SO), dynamic, custom-fabricated. According to the requester, the SO, dynamic, custom fabricated is a rigid circumferential, dorsal or volar framed orthosis with soft straps and closures for the shoulder initiating proximal to the glenohumeral joint, crossing the glenohumeral joint, secured along the humerus and extends to, but does not cross the elbow. Statically stabilizes the shoulder and uses a dynamic (static progressive) component (springs rubber bands, hinges, turn keys or static progressive pull) at the shoulder. The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. Specifically the SO, dynamic, custom fabricated is used to protect medical conditions of the shoulder during the healing process or reduce contractures and stiffness of the shoulder.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/ turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish a new L code.

Meeting Agenda Item #14
June 8, 2005
HCPCS Request #05.74

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Shoulder Elbow Wrist Hand Orthosis (SEWHO), static, custom-fabricated. According to the requester, the SEWHO, static is a rigid anterior or posterior framed orthosis with soft straps and closures initiating proximal to the glenohumeral joint and axillary region, extending through the upper arm, crossing the elbow and wrist joints. Statically stabilizes and/or limits motion of the shoulder, elbow, wrist and hand. The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. Specifically the SEWHO, static, custom fabricated is used to protect medical conditions of the shoulder, elbow, wrist and hand during the healing process and/or reduce contractures and stiffness of the shoulder, elbow, wrist and hand.

CMS HCPCS Workgroup preliminary decision: To establish four new "L" codes.

L???? Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

L???? Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

L???? Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

L???? Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

To discontinue L3963 shoulder elbow wrist hand orthosis, molded shoulder, arm, forearm and wrist with articulating elbow joint, custom-fabricated.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish 4 new L codes and eliminate code L3963.

Meeting Agenda Item #15
June 8, 2005
HCPCS Request #05.75

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Shoulder Elbow Wrist Hand Finger Orthosis (SEWHFO), static, custom-fabricated. According to the requester, the SEWHFO, static, custom fabricated is a rigid anterior or posterior framed orthosis with soft straps and closures initiating proximal to the glenohumeral joint and axillary region, extending through the upper arm, crossing the elbow, wrists and hand joints including the finger(s). Statically stabilizes and may limit motion of the shoulder, elbow, wrist, hand and/or finger(s). The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. Specifically the SEWHFO, static, custom fabricated is used to protect medical conditions of the shoulder, elbow, wrist, hand and finger(s) during the healing process and/or reduce contractures and stiffness of the shoulder, elbow, wrist, hand and finger(s).

CMS HCPCS Workgroup preliminary decision: To establish two new "L" codes.

L???? Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

L???? Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish 2 new L codes and asked that the language be changed by replacing the word "dynamic" with "static".

Meeting Agenda Item #16
June 8, 2005
HCPCS Request #05.76

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Shoulder Elbow Wrist Hand Finger Orthosis (SEWHFO), dynamic, custom-fabricated. According to the requester, the SEWHFO, dynamic is a rigid anterior or posterior framed orthosis with soft straps and closures initiating proximal to the glenohumeral joint and axillary region, extending through the upper arm, crossing the elbow, wrists and hand joints including the finger(s). Statically stabilizes one or more joints while using a dynamic (static progressive) component (springs, rubber bands, hinges, turn keys or static progressive pull) to apply a dynamic force to one or more joints. The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. Specifically the SEWHFO, dynamic, custom fabricated is used to protect medical conditions of the shoulder, elbow, wrist, hand and finger(s) during the healing process and/or reduce contractures and stiffness of the shoulder, elbow, wrist, hand and finger(s).

CMS HCPCS Workgroup preliminary decision: To establish two new "L" codes.

L???? Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

L???? Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish 2 new L codes.

Meeting Agenda Item #17
June 8, 2005
HCPCS Request #05.77

Background/Discussion:
Chris Blake of Carolina Hand Therapy has submitted a request to establish a code for an elbow wrist hand orthosis, Trade Name: Elbow wrist hand orthosis (EWHO), static custom-fabricated. According to the requester, the EWHO-static is a rigid anterior or posterior framed orthosis with soft straps and wrist joints. The orthosis statically stabilizes the elbow and wrist, but does not cross the metacarpal joints of the digits. It is custom-fabricated, including fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. It is used to protect medical conditions of the elbow and wrist during the healing process. These types of orthoses have been custom fabricated since the 1930's.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Elbow, wrist hand finger orthosis, rigid, without joints, may include soft interface material, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish a new L code. We would like to comment, however, on the description of the orthosis. This orthosis as described will terminate proximal to the metacarpalphalangeal joint, and therefore will not include fingers.

Meeting Agenda Item #18
June 8, 2005
HCPCS Request #05.78

Background/Discussion:
Chris Blake of Carolina Hand Therapy has submitted a request to establish a code for an elbow wrist hand orthosis (EWHO), dynamic, custom-fabricated, Trade Name: Elbow wrist hand orthosis (EWHO), dynamic, custom-fabricated. According to the requestor, EWHO-dynamic, is a rigid anterior or posterior framed orthosis with soft straps and closures initiating distal to the axillary area, crossing the elbow and wrist joints. The orthosis is custom fabricated, includes fitting, training, and a limited number of size and position modifications. It is used to protect medical conditions of the elbow and wrist during the healing process or reduce contractures and stiffness of the forearm.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish a new L code. We would like to comment, however, on the description of the orthosis. This orthosis as described will terminate proximal to the metacarpalphalangeal joint, and therefore will not include fingers.

Meeting Agenda Item #19
June 8, 2005
HCPCS Request #05.79

Background/Discussion:
Chris Blake of Carolina Hand Therapy has submitted a request to establish a code for an elbow wrist hand finger orthosis (EWHFO), static, custom-fabricated, Trade Name: same. According to the requestor, EWHFO-static, is a rigid anterior or posterior framed orthosis with soft straps and closures initiating distal to the axillary area, crossing the elbow, wrist and metacarpal phalengeal joints. The orthosis is custom fabricated, and includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for the patient's changing anatomical, medical and post surgical needs. It is used to protect medical conditions of the elbow, wrist and hand during the healing process and/or to prevent contractures and stiffness of the elbow, forearm, wrist or hand.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Elbow, wrist hand finger orthosis, rigid, without joints, may include soft interface material, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish a new L code.

Meeting Agenda Item #20
June 8, 2005
HCPCS Request #05.80

Background/Discussion:
Chris Blake of Carolina Hand Therapy has submitted a request to establish a code for an Elbow Wrist Hand Finger Orthosis (EWHFO), dynamic, custom-fabricated. According to the requestor, EWHFO-dynamic is a rigid anterior or posterior framed orthosis with soft straps and closures initiating distal to the axillary area, crossing the elbow, wrist and metacarpal phalengeal joints. The orthosis is custom-fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical and post surgical needs. It is used to protect medical conditions of the elbow, wrist, and hand during the healing process and/or to reduce contractures and stiffness of the elbow, forearm, wrist, or hand. These may include but are not limited to multiple system injures to bone or soft tissue which includes distal humerus or proximal radius/ulna fractures and/or damage to nerve, tendon, or muscle of the forearm due to trauma or compression to these systems. The dynamic component can be used to allow for early protected motion while these structures are healing to assist in the prevention of adhesions and contractures, can work to reduce contractures that have developed, or can substitute for loss musculature.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish a new L code.

Meeting Agenda Item #21
June 8, 2005
HCPCS Request #05.81

Background/Discussion:
Chris Blake of Carolina Hand Therapy has submitted a request to establish a code for a Wrist Hand Orthosis (WHO), dynamic, custom-fabricated. According to the requestor, WHO-dynamic is a rigid dorsal or volar framed orthosis with soft strap material and closures initiating approximately three inches distal to elbow, crossing the wrist joint. The orthosis is custom-fabricated, includes fitting, training, and a limited number of size and position modifications. It does not include modifications that necessitate additional material for patient's changing anatomical, medical, and post surgical needs. It is used to increase mobility or protect structures by limiting mobility secondary to medical conditions affecting the wrist during the healing process. These may include but are not limited to distal radius/ulna/carpal fractures, carpal ligament tears/repairs, wrist flexor/extensor injuries/repairs, burns, skin grafts, and ganglion cyst removal.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Revise L3906 to read: Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish a new L code, however, she recommends revisions to the short description include the following:
– orthosis crosses one joint only
– "nontorsion" joints are not included

Meeting Agenda Item #22
June 8, 2005
HCPCS Request #05.82

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request establish a code for a Hand Orthosis (HO), static, custom-fabricated. According to the requester, the hand orthosis is a static, rigid anterior and/or posterior framed orthosis with soft straps and closures in the hand area. The orthosis is limited to the hand area and does not cross the metacarpal joints of the digits or the wrist joint. This orthosis is custom fabricated, includes fitting, training, and size and position modifications, but does not include modifications that include additional material for patient's specific anatomical, medical, and post surgical needs. The Hand orthosis static is used to protect medical conditions of the hand or carpal metacarpal joint of the thumb during the healing process or to reduce pain. These may include but are not limited to injuries to bone, degenerative joint disease, or soft tissue trauma. While there may be current prefabricated orthoses available, the custom-fabricated is individually designed and fitted to the patient due to an injury or medical condition.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish a new L code.

Meeting Agenda Item #23
June 8, 2005
HCPCS Request #05.83

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Hand Finger Orthosis (HFO), static, custom fabricated. According to the requester, this hand finger orthosis is a static, rigid anterior and/or posterior framed orthosis with soft straps and closures in the hand and finger area, crossing the metacarpal joints. The orthosis is limited to the hand and digits and does not cross the wrist joint. It is custom fabricated, includes fitting, training, and size and position modifications, but does not include modifications that include additional material for patient's specific anatomical, medical, and post surgical needs. The hand finger orthosis-static is used to protect medical conditions of the hand and digits during the healing process, reduce pain, or position to prevent joint derangement. These may include but are not limited to, multiple system injuries to bone, nerve, artery, tendon, degenerative joint disease, or soft tissue trauma. This orthosis is custom fabricated as the patient will be required to wear it for typically a minimum of three weeks and must contour to specific personal anatomy in order to support the injured/inflamed area, prevent the shifting of the fracture site, realignment of deranged joints, and/or prevent skin breakdown. While there may be current prefabricated orthoses available, the custom-fabricated is individually designed and fitted to the patient due to an injury or medical condition.

CMS HCPCS Workgroup preliminary decision: To establish two new "L" codes.

L???? Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

L???? Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish 2 new L codes. However, code L3923 currently exists for pre-fabricated, which may eliminate the need for an additional L-code.

Meeting Agenda Item #24
June 8, 2005
HCPCS Request #05.84

Background/Discussion:

Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Hand Finger Orthosis (HFO), dynamic custom-fabricated. According to the requester, this hand finger orthosis is a dynamic, rigid volar, dorsal, radially or ulnarly contoured orthosis with soft straps and closures. This orthosis may initiate at the base of the hand and can extend to the middle or distal digital crease(s) or to the tip of the finger(s)/thumb depending upon diagnosis. The orthosis will have a dynamic (static progressive) component (springs, rubber-bands, hinges, turn keys or static progressive pull) for one or a combination of the metacarpal, proximal, or distal interphalangeal joints. The hand finger orthosis is used to protect medical conditions of the hand/finger/thumb during the healing process or to reduce contractures and stiffness of the hand/finger/thumb. These may include but are not limited to, multiple system injuries to bone of the hand/fingers (fracture) and/or nerve, ligament, tendons or muscles of the hand/fingers due to trauma or compression to these systems. The dynamic component will allow early protected motion while these structures are healing in order to prevent adhesions and contractures. The orthosis is custom fabricated and it must contour to specific personal anatomy in order to prevent damage from soft tissue breakdown and provide rest and balance to the involved tissues.

CMS HCPCS Workgroup preliminary decision: To establish a new "L" code.

L???? Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, agreed with the preliminary decision to establish a new L code.

Meeting Agenda Item #25
June 8, 2005
HCPCS Request #05.85

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Finger Orthosis (FO), static, custom-fabricated. According to the requester, this finger orthosis is a static, rigid volar or dorsal contoured orthosis with soft straps and closures. This orthosis may initiate at the proximal or middle digital crease and will extend to the distal digital crease or to the tip of the finger/thumb depending upon diagnosis. The static finger orthosis is used specifically to protect medical conditions of the finger/thumb during the healing process. These may include but are not limited to multiple system injuries to bone of the proximal, middle, or distal phalanges (fracture) and/or nerve, ligament, or tendons of the finger due to trauma or compression to these systems. This static orthosis is applied to protect a joint(s) during the healing process and protect the soft tissue components which anatomically cross the joint(s). The orthosis is custom fabricated and must contour to specific personal anatomy in order to prevent damage from soft tissue breakdown and provide rest and balance to the involved tissues.

CMS HCPCS Workgroup preliminary decision: To use existing code L3934 finger orthosis, safety pin, modified, prefabricated, includes fitting and adjustment.

The need for finger orthoses can be easily met with prefabricated devices, which are equally as effective as custom devices. No payer identified a national program operating need for codes for custom finger othrotics. Use existing code L3934.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, does not agree with the preliminary decision not to establish a new code. The hand is a precision instrument. It has high demands placed on it all day that require unique and fine motor function. Following a hand injury or surgery the skilled physician, therapist, or orthotist is seeking the optimal orthosis that will cover the least number of joints and yet effectively support the medical condition or surgery. The goal with these small joints is to restore the maximum amount of motion in the shortest amount of time possible in order to achieve the optimal functional outcome. Even small limits in range-of-motion to the hand can have far reaching effect on the function of a patient's hand. It is the opinion of the American Society of Hand Therapists that the FO, static, custom fabricated is a precision orthosis where an exacting fit is essential to the functional outcome of an individual patient. Please reconsider the preliminary decision on this vital orthosis.

Meeting Agenda Item #26
June 8, 2005
HCPCS Request #05.86

Background/Discussion:
Chris Blake of the American Society of Hand Therapists submitted a request to establish a code for a Finger Orthosis (FO), dynamic, custom-fabricated. According to the requester, this finger orthosis is a dynamic, rigid volar or dorsal contoured orthosis with soft straps and closures. This orthosis may initiate at the proximal or middle digital crease and will extend to the distal digital crease or to the tip of the finger/thumb depending upon diagnosis. The dynamic finger orthosis will have a dynamic (static progressive) component (springs, rubber-bands, hinges, turn keys or static progressive pull) at the distal phalangeal joint, proximal phalangeal joint, or both. This orthosis is custom fabricated, includes fitting, training, and size and position modifications. Dynamic finger orthoses are used specifically to protect medical conditions of the finger/thumb during the healing process or to reduce contractures and stiffness of the finger/thumb. These may include, but are not limited, to multiple system injuries to bone of the proximal, middle, or distal phalanges (fracture) and/or nerve, ligament, or tendons of the finger due to trauma or compression to these systems. The dynamic component will allow early protected motion while these structures are healing in order to prevent adhesions and contractures. This orthosis is custom fabricated and must contour to specific personal anatomy in order to prevent damage from soft tissue breakdown and provide rest and balance to the involved tissues.

CMS HCPCS Workgroup preliminary decision: To use existing code L3932 finger orthosis, safety pin, spring wire, prefabricated, includes fitting and adjustment.

The need for finger orthoses can be easily met with prefabricated devices, which are equally as effective as custom devices. No payer identified a national program operating need for codes for custom finger othrotics. Use existing code L3932.

Billing Occupational Therapists and Physical Therapists to both L codes and CPT codes is inappropriate as per Section 1834(h) of the Social Security Act.

Primary Speaker – Nancy Canon, OTR/L, CHT, does not agree with the preliminary decision not to establish a new code. The hand is a precision instrument. It has high demands placed on it all day that require unique and fine motor function. Following a hand injury or surgery the skilled physician, therapist, or orthotist is seeking the optimal orthosis that will cover the least number of joints and yet effectively support the medical condition or surgery. The goal with these small joints is to restore the maximum amount of motion in the shortest amount of time possible in order to achieve the optimal functional outcome. Even small limits in range-of-motion to the hand can have far reaching effect on the function of a patient's hand. It is the opinion of the American Society of Hand Therapists that the FO, dynamic, custom fabricated is a precision

orthosis where an exacting fit is essential to the outcome of an individual patient. Please reconsider the preliminary decision on this vital orthosis.

Closing Remarks

In light of new information provided at CMS' HCPCS Public Meetings, the HCPCS workgroup will reconsider its preliminary coding recommendations, CMS staff will reconsider payment methodology recommendations, and the workgroup will formulate its final recommendation. By mid November 2005, the HCPCS workgroup will mail letters to every requestor of its final decision. The 2006 HCPCS Level II Annual Update, including any coding changes, will be effective January 1, 2006, and will be published at: www.cms.hhs.gov/providers/pufdownload/anhcpcdl.asp by mid November, 2005.

Cindy Hake of CMS thanked the participants for their very valuable input at the meeting, and for all the time and effort that was spent on the presentations.

Michael Barron also thanked the audience for their participation, and officially adjourned the meeting.