



## MEDICARE

Part A Intermediary  
Part B Carrier  
DME Regional Carrier

November 14, 2005

Geoffrey C. Garth  
Vice President, Research and Development  
Aspen Medical Products  
6481 Oak Canyon  
Irvine, CA 92618

Re: Aspen QuickDraw RAP (Models 995010, 995020, 995030, 995040, 995050, 995060)

Dear Mr. Garth:

This letter is in response to your recent inquiry for coding verification of the above listed product(s) manufactured 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 Regional Carriers (DMERCs) is/are

**K0636 Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, 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 • 29202-3143

***A CMS Contracted Intermediary and Carrier***