

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



NOV 01 2011

Alan Kercher
Endolite North America
1031 Byers Road
Miamisburg, OH 45342

Re: Request #11.053

Request to establish a HCPCS "addition" code for endoskeletal ankle foot systems to describe the Hydraulic (Fluid) dampening capabilities of the Echelon foot. Applicant's suggested language: "Addition, Endoskeletal Ankle Foot System, Polycentric or Single Axis Joint, Hydraulic, with or without Plantar or Dorsiflexion Control."

Dear Mr. Kercher:

On behalf of the Centers for Medicare and Medicaid Services (CMS), I would like to thank you for your application to modify the HCPCS Level II code set. The HCPCS Level II code set is available for use by all payers, and is maintained by CMS taking into consideration the national program operating needs of all payers, including Medicare, Medicaid, and Private Insurers.

CMS reviewed your application and published the following preliminary decision:

Existing code L5981 "ALL LOWER EXTREMITY PROSTHESIS, FLEX-WALK SYSTEM OR EQUAL" used together with code L5968 "ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE" describes the Echelon and the functions and benefits attributed to it. The Echelon has inherent alignment as process of the hydraulic joint.

We appreciate the comments you provided at CMS' HCPCS Public Meeting in reaction to our published preliminary decision. Specifically, you disagreed with CMS' preliminary decision. You stated that this foot deserves a code or that a code should be established to recognize the hydraulic feature. You indicated that existing code L5968 includes hydraulic only during swing phase, not stance. You claimed that there is no existing HCPCS code for hydraulic ankles, but there are codes for hydraulic knee and hip.

The CMS HCPCS Workgroup reconvened to consider input provided at the public meeting. CMS upheld its decision that existing code L5981 "ALL LOWER EXTREMITY PROSTHESIS, FLEX-WALK SYSTEM OR EQUAL" used together with code L5968 "ADDITION TO

LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE" describes the Echelon and the functions and benefits attributed to it. The Echelon has inherent alignment as process of the hydraulic joint. Stance phase control is an inherent part of a prosthetic foot and therefore separate coding for this feature would be duplicative.

The HCPCS Level II codes describe categories of like items. The code set is not intended to be an exhaustive listing of all products on the market. While CMS believes that existing code L5981 together with L5968 describes this product, as a general rule, the CMS does not classify individual items into code categories on behalf of insurers. Individual insurers have the necessary flexibility to classify specific products into HCPCS Level II code categories and establish their own coding instructions in accordance with their policies and program operating needs. Questions regarding classification of products into HCPCS Level II code categories should be submitted to the insurer in whose jurisdiction a claim would be filed. For private sector health insurance systems, please contact the individual private insurance entity. For Medicaid systems, please contact the Medicaid Agency in the state in which the claim is being filed.

Under contract to CMS, the Pricing, Data Analysis and Coding (PDAC) provides coding verifications for the purpose of billing Medicare. For confirmation of appropriate code assignment for Medicare billing, you may contact the PDAC Contact Center toll free at 877-735-1326. For your convenience, the PDAC has compiled a product classification system called "DMECS" that lists individual products by brand name under code categories. This system is available at: www.dmepdac.com. If you do not find your product listed by the PDAC matrix, you may request a coding verification for your product by contacting the PDAC at the toll free telephone number listed above.

Sincerely,



Cynthia Hake, Chair
CMS' HCPCS Workgroup