



**MEDICARE**

Part A Intermediary  
Part B Carrier  
DME Regional Carrier

June 7, 2005

Bradley J. Rosborough, President  
Bio Cybernetics International  
1815 Wright Avenue  
La Verne, CA 91750

Re: TriMod Unibody Support System

Dear Mr. Rosborough:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on June 6, 2005 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the above listed product(s) meets the description for a lumbar-sacral orthosis as defined in the DMERC Medical Policy for Spinal Orthoses. Therefore, the correct Medicare billing code(s) for the product(s) is/are:

**K0646 Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on 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 and four DMERCs. Any modifications to this product could change the HCPCS code and would need to be reviewed for coding verification. The assignment of a HCPCS code to this product should in no way be construed as an approval or endorsement of this product 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.

If you have any questions regarding this coding decision, please contact me at the address below or by telephone at (803) 763-8215.

Sincerely,

Catherine E. Anthos, RN  
HCPCS Medical Analyst  
SADMERC

cc: DMERCs

**Palmetto GBA**

Statistical Analysis Durable Medical Equipment Regional Carrier  
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**A CMS Contracted Intermediary and Carrier**