



MEDICARE

Part A Intermediary
Part B Carrier
DME Regional Carrier

May 4, 2004

Catherine Wurts
Operations Manager
ACOR
18530 S. Miles Parkway
Cleveland, OH 44128

Re: Quikfit LITE Foot Orthotics (Model QF-04)

Dear Ms. Wurts:

The SADMERC and the four Durable Medical Equipment Regional Carriers (DMERCs) have completed the HCPCS Coding Verification Review on May 3, 2004 for the above listed product(s) manufactured by your company. This review resulted in a consensus coding decision.

It is our determination that the Quikfit LITE Foot Orthotics (Model QF-04) meets the characteristics and description of the HCPCS code(s) for multiple density inserts for diabetics as defined in the DMERC Medical Policy for Therapeutic Shoes for Diabetics. Therefore, the correct Medicare billing code(s) for the product(s) is/are

A5509 For diabetics only, direct formed, molded to foot with external heat source (i.e., heat gun) multiple density insert(s), prefabricated, per shoe, for Dates of Service through March 31, 2004

OR

A5510 For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s), prefabricated, per shoe, for Dates of Service through March 31, 2004.

Effective April 1, 2004 use HCPCS code K0628 For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of ¼ inch material of Shore A 35 Durometer or 3/16 inch material of Shore A 40 Durometer (or higher), prefabricated, each.

OR

A5510 For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s), prefabricated, per shoe.

Palmetto GBA

Statistical Analysis Durable Medical Equipment Regional Carrier
Post Office Box 100143 • Columbia, South Carolina • 29202-3143

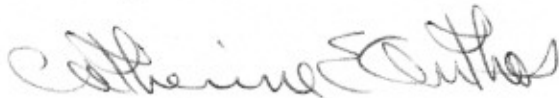
A CMS Contracted Intermediary and Carrier

This HCPCS coding decision applies to the submitted product 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