

# PHOMFIT™ WRIST ORTHOSIS

## Comfortable Support



437

## PDAC APPROVED L3908

- Comfortable foam and nylon tricot lining, laminated to a sturdy black polyester outer fabric provides comfort and durability
- Removable aluminum palmar stay is malleable
- Stockinette tongue and dorsal hook & loop closures offer simple application
- No exposed lateral hook

Order No.      Description

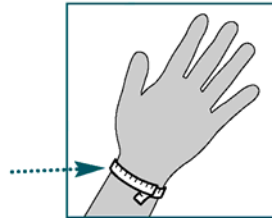
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- 436    Phomfit™ Wrist Orthosis-Short 6"**  
**437    Phomfit™ Wrist Orthosis-Long 8"**

Phomfit™ Wrist Sizing:      Wrist Circumference

XS:	4.5"-5.5" (11.4cm-14cm)
Sm:	5.0"-6.5" (12.7cm-16.5cm)
Med.	6.0"-7.5" (15.2cm-19.1cm)
Lg:	7.0"-8.5" (17.8cm-21.6cm)
XL:	8.0"-9.5" (20.3cm-24.1cm)

Specify Right or Left



436

## Indications:

- Carpal Tunnel
- Tendonitis
- Wrist strain
- Wrist sprain
- After cast protection

**HELY & WEBER**  
*Innovative Supports*

1185 East Main Street, Santa Paula, California 93060  
 California: 800.221.5465 National: 800.654.3241  
 Fax: 800.559.5975 www.hely-weber.com



**Pricing, Data Analysis  
and Coding (PDAC)**  
900 42nd Street South  
PO Box 6757  
Fargo, ND 58103-6757

August 28, 2008

Jim Weber  
Hely & Weber  
1185 East Main St  
Santa Paula CA 93060

**Re:** Phomfit Wrist Orthosis (Model #436, 437 and 9001)

**Xref #:** 6198321

Dear Mr. Weber:

This letter is in response to your recent inquiry for coding verification of the above listed product(s) manufactured and/or distributed by your company.

It is our determination that the Medicare HCPCS code(s) to bill the four DME Medicare Administrative Contractors (DME MACs) is/are:

L3908 - Wrist Hand Orthosis (WHO), wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment.

This HCPCS coding decision applies to the submitted product(s) as presented to and reviewed by the Pricing, Data Analysis and Coding (PDAC). 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 PDAC or Medicare, nor does it imply or guarantee claim reimbursement or coverage. For questions regarding claim coverage or reimbursement, please contact your DME MAC jurisdiction.

**Should you disagree with this coding decision, a reconsideration can be requested. The reconsideration form is located on the PDAC website ([www.dmepdac.com](http://www.dmepdac.com)) under the HCPCS Review tab. The PDAC will reconsider the request if made within 45 days of the date of this letter and additional supporting documentation is provided. If a request for reconsideration 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.**

Should you have questions, regarding this decision, you may contact the PDAC Contact Center at the address listed above or by telephone at (877) 735-1326.

Sincerely,

Lynda Feir  
PDAC Coding Analyst

