

# KUHL™ LEI BACK™

## Lumbosacral Supports



### PDAC Approved L0625

- Provides lumbar support and intracavitary pressure to reduce load on the intravertebral discs
- Constructed of Kuhl™ perforated neoprene, providing warmth and compression, without moisture buildup
- 4-way stretch of neoprene easily conforms to a variety of body contours
- Double pull provides strong support and compression
- 4 flexible spiral stays prevent brace rollover
- Does not restrict motion and generates inner abdominal pressure
- Can be worn under clothing
- Central pad provides proprioception and conforms to the curvature of the back

### Order No. Description / Options

5809 10" Kuhl™ Lei Back™ Brace

#### LEI BACK™ SIZING:

Measure widest part of hip/waist:

**XS:** 24" - 34" (61.0cm - 86.4cm)

**REG:** 34" - 46" (86.4cm - 116.8cm)

**XL:** 45" - 58" (114.3cm - 147.3cm)



**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](http://www.hely-weber.com)



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

August 12, 2011

HELY & WEBER  
ATTN JENNIFER HUTTER, RN, LNC  
PO BOX 832  
SANTA PAULA CA 93061

**Re: Assigned HCPCS Codes for DME Billing**

**Xref #:** 15537362

**Product:** LEI BACK LSO

**Model number:** 5809

Dear Ms. Hutter:

The Pricing, Data Analysis, and Coding (PDAC) Contractor provides Healthcare Common Procedural Coding System (HCPCS) assistance to manufacturers to ensure proper coding of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The PDAC has reviewed the above listed product. It is our determination that the Medicare HCPCS code to use when billing the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) is:

L0625 - LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, 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 PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

The PDAC provides coding decisions based on the coding guidelines established by the Local Coverage Determination (LCD) and associated policy article developed by the DME MACs. All products submitted to PDAC for a coding verification review are carefully examined by coders and professionals following a formal, standardized process.

This decision applies to the application that we received on July 12, 2011. If information submitted in that application has changed or were to change, it could impact our decision. Therefore, a new application would need to be submitted for HCPCS coding verification review. This coding decision will be available within ten (10) working days on the

Durable Medical Equipment Coding System (DMECS), which is located on the PDAC web site, [www.dmepdac.com](http://www.dmepdac.com). Please take the time to verify that this coding decision is correctly reflected in DMECS.

It is the responsibility of manufacturers and distributors to notify the PDAC immediately of any changes involving their products, related to their current listing on the Product Classification List (PCL) on DMECS. Further information for requesting updates to the PCL can be found on the PDAC website at <https://www.dmepdac.com/review/notifying.html>.

The assignment of a HCPCS code to this product is not an approval or endorsement of the product by Medicare or Noridian Administrative Services, LLC; nor does it imply or guarantee claim reimbursement or coverage. If you have questions about claim coverage or reimbursement, please contact the DME MAC for your jurisdiction.

If you disagree with this decision, you may request a reconsideration within 45 days of the date of this letter. To request a reconsideration, complete the Reconsideration Request form, which can be found on our PDAC web site at [www.dmepdac.com](http://www.dmepdac.com) under the HCPCS Review tab. If your request for a reconsideration is made after the 45-day time frame, we will treat it as a coding verification review request and require a new application and documentation to support the request.

If you have questions about claim coverage or reimbursement, please contact the DME MAC for your jurisdiction. For other questions, contact the PDAC Contact Center at the address listed above or by telephone at (877) 735-1326. The Contact Center is open Monday through Friday from 8:30 a.m. to 4 p.m. CT.

PDAC  
Noridian Administrative Services, LLC  
[www.dmepdac.com](http://www.dmepdac.com)

