

## Wrist & Thumb Positioning System

### Indications/Conditions

- ü Thumb or wrist posture; ulnar deviation; wrist or carpometacarpal joint instability; soft tissue extensibility; handwriting or hand function stability and support
- ü Proximal limb joint control; elbow flexion or extension; forearm pronation/supination

### In the presence of the following problems and diagnoses:

The objective of the TheraTogs Wrist & Thumb Positioning system is to gain or restore optimum functional and kinesiological alignment and joint stability for the following indications:

- ü Thumb-in-palm posture (flexible)
- ü Ulnar deviation at the wrist
- ü Wrist-flexed posture (flexible) or wrist joint instability
- ü Carpometacarpal joint instability at the thumb
- ü Potential to improve soft tissue extensibility at thumb and wrist with low-load elongation over time
- ü Handwriting stability and support

**Note:** The above list is not all-inclusive – other diagnoses or indications may apply for which TheraTogs is an appropriate modality.

### Applicable Billing Options for Wrist & Thumb Positioning System

The following coding options may be applicable when seeking insurance reimbursement for TheraTogs Wrist & Thumb Positioning System from various third party payers.

**Note:** Coding options vary for all payers. For instance, “T” codes are intended for use by Medicaid agents *only*. However, some Medicaid agents do not use “T” codes, instead they require use of an “L” code. For that reason, we recommend each payer (Medicaid, Medicare and commercial payers) be contacted for their coding requirements for TheraTogs *prior* to submitting a claim.

Code	Descriptor
L3807	WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type
L3909	WO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)
L3911	WHFO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)
L3999	Upper limb orthosis, NOS
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in remarks <i>(Note: Medicaid only code)</i>
T2028	Specialized supply, not otherwise specified, waiver <i>(Note: Medicaid only code)</i>
T2029	Specialized medical equipment, not otherwise specified, waiver <i>(Note: Medicaid only code)</i>

**Note:** Clinicians may bill for the training & fitting of the orthosis using the CPT codes below **if** the code used to describe the TheraTogs system does **not** include the phrase “includes fitting and adjustment”.

97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes

### ***Wrist & Thumb Positioning System Supporting Documentation for Payers***

Many payers will require written documentation pertaining to the use of TheraTogs. It will be important to explain why TheraTogs is preferred over other orthotic devices. The following information may be useful when preparing a letter of medical necessity for the insurance company.

**The Wrist & Thumb Positioning System** is available as an accessory to any TheraTogs kit or as an independent strapping system.

#### **Unique Features**

- § **Adaptability.** The Wrist and Thumb Positioning System contains a range of optional strapping and tabs. The clinician selects components from the system to design a custom, dynamic device for the user.
- § **Comfort.** The components are made of thin, elasticized, latex-free, foam-lined fabric that is *breathable* - unlike neoprene and Lycra®. The fabric lining of open-celled foam grips the skin, reducing the need to add compression on the limb segments to secure them in the system.



## SUPPLEMENTAL SAMPLE APPEAL LETTER – MEDICAL NECESSITY

Re: Client:  
Birth Date:

Diagnosis:  
Relevant medical/surgical history:

Parent/Guardian (if applicable):  
Group #  
Insured SS#:

I am seeking (preauthorization / predetermination of coverage), on behalf of (insert client name), for the provision of a TheraTogs (insert TheraTogs System recommended), and hope that the following information will be useful when making your decision.

TheraTogs undergarment and strapping systems are designed to provide the wearer with day-long carry-over and functional practice of successes in postural and joint alignment achieved during a therapy session. New studies on neuromotor re-education emphasize the need for practice – literally thousands of repetitions - to acquire new skills. To gain optimum posture and function, therefore, thousands of repetitions of movements must occur in optimum alignment. TheraTogs accomplish this objective with specialized, elastic fabrics that foster active rather than passive correction. Please refer to Table 1 on page 3 of this document for a review of (client's name's) current impairments, functional deficits, risk factors, rehabilitation goals, and rationale for this request.

My client currently uses (insert applicable DME equipment or supplies), that contribute(s) to (my client's) welfare by (explain benefits to support their previous funding), but which has failed to meet (his/her/the family's/my) rehabilitation goals. On the basis of the results observed in the clinical trial that we undertook using a TheraTogs clinical sizing kit, I am requesting TheraTogs (insert name of TheraTogs System recommended) \_\_\_ as an appropriate treatment modality in the next step of (his/her) rehabilitation program.

**List modalities or strategies previously tried and note any lack of success.**

TheraTogs were designed to address problems of posture and movement that are multifactorial and complex. The attending clinician identifies key issues and supervises the use of corrective strapping. No other commercially available products satisfy the objectives of effecting immediate, problem-specific improvement in all-day posture and joint alignment with essential adaptability to support treatment goals.

### Supporting Clinical Data:

(NOTE: Use comparative GMFM –66, footprint studies, gait velocity, hand use, or ADL testing to identify gains observed during the TheraTogs trial, and report them here.) (Client's name) is expected to experience the following physiologic benefits: (Insert additional benefits such as musculoskeletal, GI, respiratory, nutrition, etc).

I anticipate that my client will require the use of TheraTogs for (insert expected frequency and duration of use). TheraTogs systems provide for some growth adjustments.

**Strong statement should be made regarding gains observed (comparative data is your strongest argument) and expected with TheraTogs. This portion of the letter must address medical and/or safety justification for the client, not ease for caregivers.**

The following is a list of code(s) and typical cost of the TheraTogs product I am recommending.

## TheraTogs Charges

Code	Description	Est. Cost
LXXXX	<i>Specific HCPCS device code descriptor here</i> <b>Note: Example only – see Coding Chapter for specific coding options</b>	

I am sure you will agree that (Insert client name) is an ideal candidate for use of the TheraTogs (insert name of TheraTogs System recommended). If you have further questions regarding this request for preauthorization, please contact me at (insert).

Sincerely,

Cynthia Clinician, PT  
(Your Contact Info here)



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Readers of this document are advised that the contents of this manual are to be used as guidelines only and are not to be construed as policies of TheraTogs, Inc. TheraTogs, Inc. recommends this information be integrated with your payer guidelines, adjusting where necessary to meet the payer's billing requirements. This information is provided by TheraTogs, Inc. as a guide for coding TheraTogs products. It is not intended to increase or maximize reimbursement by any payer. This information is intended to assist providers in accurately obtaining coverage and reimbursement for their health care services. Providers assume full responsibility for all reimbursement decisions or actions. As with all procedures and services, you should: 1) perform the service or procedure; 2) document the service or procedure; 3) code the service, procedure and/or orthotic system or device; and 4) bill for the service, procedure, and/or orthotic system or device.

TheraTogs, Inc. assumes no responsibility for consequences attributable to or related to any use or interpretation of any information or views contained or not contained in this report. Each claim should be coded appropriately and supported with adequate documentation in the medical record. The codes listed are merely examples of codes, they are not necessarily correct coding.

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