PALMETTO GBA®
A CELERIAN GROUP COMPANY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Section C Product Specific Information:

Provide the requested product specific information and answer the questions related to the products listed in ***Section B – Product Information*** of the ***Coding Verification Review Application***.

Orthotics (Braces Only)

How is the product sampled? **Important Note:** If choosing both Off-The-Shelf and Custom Fitted, both codes **MUST** be requested in Section B of the application.	☐ Prefabricated Off-the-Shelf ☐ Prefabricated Custom Fitted ☐ Both Off-the-Shelf and Custom Fitted ☐ Custom Fabricated*
Provide a list of materials and a description of the orthosis:	

*If the product is custom fabricated, a detailed step-by-step description of the fabrication process **MUST** be provided. Include color photographs of each step within the fabrication process.