

7E9 Hip Joint

Coding and Billing Tips

Effective Date: January 1st, 2018

SUGGESTED CODING¹

Ottobock intends to apply for a new Healthcare Common Procedure Coding System (HCPCS) code to describe the 7E9 Hip Joint. Until we have new coding for the 7E9 Hip Joint, we recommend using the following miscellaneous code to describe it.

L5999 OTTOBOCK 7E9 HIP JOINT, MONOCENTRIC, HYDRAULIC SWING AND STANCE PHASE CONTROL, INDEPENDENTLY AND INDIVIDUALLY ADJUSTABLE FLEXION AND EXTENSION RESISTANCE.

BILLING TIPS FOR THE MISCELLANEOUS CODE – L5999

Narrative Section on the HCFA 5010 Claim^{2,3}

Because L5999 is an unlisted (NOC) code, the claim must have additional information to describe the item. This will allow the payer to understand what you are billing for. Most payers require a narrative be added to the claim (e.g. description, manufacturer, name & model#, serial number#, and MSRP). Please check with your software vendor and payer for to confirm narrative placement.

Where to Put the Narrative

Electronic Claim Notes can be added in 3 places in the ANSI X12N, version 5010A1 format electronic claim; the 2300 Segment, the SV101-7 Segment, and the 2400 NTE 02 Segment. The 2300 segment pertains to the entire claim. The SV101-7 and 2400 NTE 02 segments pertain to each line item. Note: Segments are limited to 80 characters each (including spaces).

2300 Segment:

(Insert information here about the overall device you are billing for).

Example:

LL HD PROSTHESIS WITH 7E9 HIP JT, C-LEG KNEE, TRIAS FOOT

SV101-7 Segment / 2400 NTE 02 Segment:

(Insert information here specific to L5999)

Example:

L5999 OTTOBOCK 7E9 HIP JT, MONOCENTRIC, HYD SNS CTRL, INDIV ADJ FLEX & EXT. MSRP \$_____

Paper Claim Enter the entire narrative on **Line 19** when submitting a hand-written paper. Include the HCFA 1500 line number (1-6) that the L5999 is located on.

Examples:

LL HD PROSTHESIS WITH 7E9 HIP JT, C-LEG KNEE, TRIAS FOOT; LINE 1: OTTOBOCK 7E9 HIP JT, MONOCENTRIC, HYD SNS CTRL, INDIV ADJ FLEX & EXT. MSRP \$_____

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Note: If a narrative is not included, the required information is expected to be attached to the claim. If there is no narrative or attachment you will receive a letter requesting the required information. Generally, standardized narratives enable carriers to recognize similar claims and assign pricing, thereby improving the process.

MANUFACTURER SUGGESTED RETAIL PRICE (MSRP)⁴

2018 MSRP for the 7E9 is \$16,071.00

REIMBURSEMENT AMOUNT

The reimbursement methodology for miscellaneous codes is generally stated in your contract with the payer. Miscellaneous codes are sometimes referred to as Not Otherwise Classified (NOC), Not Otherwise Specified (NOS) or Non-Assigned codes. The most common methodologies are:

- MSRP minus ____%
- Cost plus ____%
- Usual and Customary (average amount that you bill for similar devices)
- Average Regional Amount billed for similar devices
- Lesser of the above

It is highly recommended to carefully review your contract with the payer when providing a miscellaneous coded product. If the information is not in your contract, provider relations may be able to help.

MEDICAL REVIEW

Sometimes codes requiring narratives are sent to Medical Review regardless of proper claim submission. If this happens, you will need to submit all documentation (including proof of medical necessity and reason for replacement) as the claim will likely undergo medical necessity review.

CONCLUSION

Following these instructions will help you have a more successful outcome. For additional reimbursement information, or if you have questions about this material, please contact Otto Bock Reimbursement at 800.328.4058 or you can email your question to reimbursement911@ottobock.com.

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References

¹ The product/device “Supplier” (defined as an O&P practitioner, O&P patient care facility, or DME supplier) assumes full responsibility for accurate billing of Ottobock products. It is the Supplier’s responsibility to determine medical necessity; ensure coverage criteria is met; and submit appropriate HCPCS codes, modifiers, and charges for services/products delivered. It is also recommended that Supplier’s contact insurance payer(s) for coding and coverage guidance prior to submitting claims. Ottobock Coding Suggestions and Reimbursement Guides are based on reasonable judgment and are not recommended to replace the Supplier’s judgment. These recommendations may be subject to revision based on additional information or alpha-numeric system changes.

² Noridian Healthcare Solutions, DME MAC Jurisdictions A & D. Miscellaneous HCPCS Codes Require Additional Information.

³CGS, DME MAC Jurisdictions B & C. Information Required on Claims for Miscellaneous Healthcare Common Procedure Coding System (HCPCS) Codes.

⁴The manufacturer’s suggested retail pricing (MSRP) is a suggested retail price only. Ottobock has provided the suggested MSRP in the event that third-party and/or federal healthcare payers request it for reimbursement purposes. The practitioner and/or patient care facility is neither obligated nor required to charge the MSRP when submitting billing claims for third-party reimbursement for the product (s).