ottobock.

Myobock & Bebionic
Suggested Coding Options[1]

January 2020   (U.S. only)

Base Code Options (includes Socket, Forearm, Humeral Section, Shoulder Bulkhead, Cables, Batteries, Charger, and Switch/Myoelectric Control)	
Transcarpal switch/myo	L6026
Wrist Disarticulation switch/myo	L6920/L6925
Below Elbow switch/myo	L6930/L6935
Elbow Disarticulation switch/myo	L6940/L6945
Above Elbow switch/myo	L6950/L6955
Shoulder Disarticulation switch/myo	L6960/L6965
Interscapular-Thoracic switch/myo	L6970/L6975

Socket Options (add as appropriate, not all inclusive)	
Test Sockets	L6680 (WD/BE), L6682 (ED/AE), L6684 (SD/IT)
Suction Socket	L6686
Frame Socket	L6687 (WD/BE), L6688 (ED/AE), L6689 (SD), L6690 (IT)
Ultralight Material	L7400 (WD/BE), L7401 (ED/AE), L7402 (SD/IT)
Acrylic	L7403 (WD/BE), L7404 (ED/AE), L7405 (SD/IT)

Replacement Socket (molded to patient model, with/without external power)	
Replacement Socket	L6883 (BE/WD), L6884 (ED/AE), L6885 (SD/IT)

Elbow Options	
12K100N Dynamic Arm	L7180/L7181 MP Control + L6693 Forearm Counterbalance
12K110N Dynamic Arm Plus	L7181 MP Ctrl + L6693 Forearm Counterbalance
12K44 ErgoArm® Hybrid plus	L6693 Forearm Counterbalance
12K50 ErgoArm Electronic Plus	L6693 Forearm Counterbalance + L6638 Electric Lock

NEW: Pattern Recognition	
13E520 Myo Plus TR compatible hands & accessories are marked with Myo + *It is not recommended to bill L7499 to Medicare for the Myo Plus at this time.	*L7499 Addition to upper extremity external powered myoelectric prostheses; Ottobock 13E520 Myo Plus TR pattern recognition system; Multi-factor, layered processing of the user´s amplified natural EMG signal patterns captured by a multiple electrode array to produce patient-specific rule set algorithms, allowing Myo Plus to recognize individual patient muscle signal patterns which are translated to intuitively control several prosthetic hand functions/grip types and/or several prosthetic devices (e.g. prosthetic hand, wrist rotator, wrist flexion/extension) instantaneously. The microprocessor integrates system calibration, signal quality evaluation, filtering, conditioning, processing, recognition of multiple muscle activation patterns, and transmission of complex functional controls. **See the Myo Plus TR Reimbursement Tool Kit** at: https://shop.ottobock.us/Reimbursement-by-Product#upperlimb

[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.

Myobock & Bebionic
Suggested Coding Options[1]
January 2020   (U.S. only)

Electric Hand and Greifer Options			

Bebionic Hand (Configurator: BB1000=O_B)

Myo+	8E70=*	Bebionic Hand with Electric QD Wrist	L6880 + L6881 + L6882 + L6629
	8E72=*	Bebionic Hand with Flexion Wrist	L6880 + L6881 + L6882 + L6629 + L6621
	8E71=*	Bebionic Hand with Short Wrist	L6880 + L6881 + L6882
		*See rotation wrist option below for Myo Plus	

DMC Plus

	8E38=6	System Electric Hand DMC plus with QD wrist	L7007 + L6882 + L6629
	8E39=6	System Electric Hand DMC plus with Lamination Ring	L7007 + L6882
	8E41=6	System Electric Hand DMC plus with Threaded Stud	L7007 + L6882
	8E41=6-F	System Electric Hand DMC plus with MyoFlex QD Wrist	L7007 + L6882 + L6621 + L6629

Sensor Hand Speed

Myo+	8E38=8	SensorHand Speed with QD Wrist	L7007 + L6881 + L6882 + L6629
	8E39=8	SensorHand Speed with Lamination Ring	L7007 + L6881 + L6882

VariPlus Speed

Myo+	8E38=9	MyoHand VariPlus Speed w/ QD wrist	L7007 + L6882 + L6629
	8E39=9	MyoHand VariPlus Speed w/ Lam. Ring	L7007 + L6882
	8E41=9	MyoHand VariPlus Speed w/ Thread Stud	L7007 + L6882
	8E41=9-F	MyoHand Vari Plus Speed w/ MyoFlex QD Wrist	L7007 + L6882 + L6621 + L6629

Transcarpal Hands

	8E44=6	Transcarpal Hand DMC Plus w/ Lam. Plate	L7007 + L6882
	8E44=6-F	Transcarpal Hand DMC Plus w/MyoFlex QD Wrist	L7007 + L6882 + L6621 + L6629

Greifers

Myo+	8E33=9-1	Sys Electric Greifer DMC VariPlus with Flex/Ext QD Wrist	L7009 + L6882 + L6621 + L6629
	8E34=9-1	Sys Electric Greifer DMC VariPlus with Lam. Ring	L7009 + L6882
		** Use L6882 once if a hand is billed with the Greifer	

Pincer (if used, addition to terminal device)

	8Y1	Pincer	L6810 Precision Pinch Device

[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.

Myobock & Bebionic

Suggested Coding Options[1]

January 2020 (U.S. only)

Additional Wrist Options		
Myo+	10S17 Electric Wrist Rotator	L7259 Electronic Wrist Rotator
	13E205 MyoRotronic	MyoRotronic Controller is included in the base code.
	10V40 MyoWrist 2 Act	L6621 Flexion/Extension Wrist for external powered device

Quick Disconnect	
10S1* Lamination Collar + 10S4 Coupling piece (for quick disconnect wrist)	L6629 Quick disconnect lamination collar with coupling

Shoulder Options (if used)	
12S6 MovoShoulder Swing	L6646 Upper extremity addition, shoulder joint, multi-positional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system

Harness (if used)	
21A35=1 AE Harness, Triple Control, Perlon	L6677 Harness, triple ctrl, simultaneous operation of TD & elbow
21A35=1 AE Harness, Triple Control, Steel	L6677 Harness, triple ctrl, simultaneous operation of TD & elbow + L6655 Standard control cable, extra

Additional Switch (if used)	
9X14 Harness Pull Switch 9X18 Cable Pull Switch 9X25 Rocker Switch 9X37 Pressure Switch 9X50 & 9X52 Linear Transducer	L6611 External powered, additional switch, any type

Liner options (most common, not all inclusive)	
14Y1 Silicone Arm Liner, prefab	L6694 Socket insert for use with locking mechanism
14Y5 Silicone Liner w/ CVD coating, prefab	
14A1 Lock Set	L6698 locking mechanism
6Y416 Custom Shape Plus UE Urethane Liner (model made by hand)	**For Initial Liner use:** L6696 Custom insert, congenital/atypical traumatic or L6697 Custom insert, other than congenital/ atypical traumatic
6Y417 Custom Shape Plus Urethane UE Replacement Liner (same mold)	**For Replacement Liner (same mold) use:** L6694 Socket insert for use with locking mechanism or L6695 Socket insert not for use with locking mechanism

[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.

Myobock & Bebionic
Suggested Coding Options[1]
January 2020 (U.S. only)

#617S1=H/W(2,3,4,5,6,8,10) Bocklite for a socket insert (padding)	L6691 Removable insert each.
88L1=* Custom Silicone TR Liner	Contact us at 800 328 4058 / reimbursement911@ottobock.com

Replacement Glove (prefabricated)

8S11/12/13 Cosmetic Glove BB*Glove* Bebionic Glove	L6890 Glove for terminal device, any material

Replacement Electrodes (initial electrodes included in base code)

Myo+	13E200 /202 Electrodes 13E400 /401 Remote Electrodes 13Z161 /162 /163 Electrode Domes 6 pk.	L7510 Repair of prosthetic device, replace minor parts

Replacement Battery/Charger (initial battery and charger included in base code)

Myo+	757B35 MyoEnergy Integral 757B20/21 Energy Pack	L7367 Lithium-ion battery, replacement
	757L35 MyoCharge Integral 757L20 Li-Ion Charger	L7368 Lithium-ion battery charger, replacement
	757B15 X-ChangePack	L7360 Battery 6 volt, each
	757L14 Pulse Charger	L7362 Battery charger 6 volt, each

Ottobock's reimbursement team is here to help with your upper extremity coding.
Call us at 800 328 4058, or email your request to Reimbursement911@ottobock.com

Ottobock Reimbursement North America
P 800 328 4058 F 800 962 2549
professionals.ottobockus.com
professionals.ottobock.ca
reimbursement911@ottobock.com

[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.