

17H100 RGO Hip Joint System

Coding Options for the Custom Fabricated RGO and Billing Tips for the Pelvic Rotation Feature of the RGO

Effective January 1, 2015



1. CODING OPTIONS¹ FOR THE CUSTOM FABRICATED RGO

Base Code Options - select one of these two base codes

L2037 (x2)	KAFO, full plastic, single upright, with or without Free Motion Knee, with or without Free Motion Ankle, Custom Fabricated
L2036 (x2)	KAFO, full plastic, double upright, with or without Free Motion Knee, with or without Free Motion Ankle, Custom Fabricated

Pelvic Section Options

L2570	Addition to Lower Extremity, Pelvic Control, Hip Joint, Clevis type two position joint, each.
L2627	Addition to Lower Extremity, Pelvic Control, Plastic, Molded to patient model, reciprocating hip joint and cables.
L2680 (x2)	Addition to Lower Extremity, Thoracic Control, Lateral Support Uprights
L2999	Addition to Lower Extremity, Pelvic Rotation Feature, used in a Reciprocating Hip Joint. This hip system utilizes a single push/pull cable to create a reciprocating gait motion. [see Coding and Billing Tips]
L2768 (x2)	Orthotic Sidebar disconnect device, per bar

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Knee Section Options

L2395 (x2) single upright (x4) double upright	Addition to Lower Extremity, Offset Knee Joint, Heavy duty, each joint.
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Lock/Unlock Options

L2415 (x2) single upright (x4) double upright	Addition to Knee Lock with integrated release mechanism (Bail, Cable or equal), any material, each joint.
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L2492 (x2) Use for remote release	Addition to Knee Joint, Lift loop for Drop Lock Ring.
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Ankle Section Options

L2250 (x2)	Addition to Lower Extremity, Foot Plate, Molded to Patient Model, Stirrup Attachment
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L2200 (x2) single upright (x4) double upright	Addition to Lower Extremity, limited ankle motion, each joint
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L2210 (x2) single upright (x4) double upright	Addition to Lower Extremity, dorsiflexion assist (plantar flexion resist), each joint
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L2220 (x2) single upright (x4) double upright	Addition to Lower Extremity, dorsiflexion and plantar flexion assist/resist, each joint
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Additional Options

L2340 (x2)	Addition to Lower Extremity, pretibial shell, molded to patient model
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Note - Molded to model pretibial shell is a special order request only.	Note – Medicare requires that the tibial shell extend from the tibial tuberosity to within 3" of the malleoli.
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L2820 (x2)	Addition to Lower Extremity Orthosis, Soft Interface for Molded Plastic, Below Knee Section.
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L2830 (x2)	Addition to Lower Extremity Orthosis, Soft Interface for Molded Plastic, Above Knee Section (<i>not common</i>)
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L2780 per bar	Addition to Lower Extremity Orthotic, Non-Corrosive Finish, per bar
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2. BILLING TIPS FOR THE PELVIC ROTATION FEATURE OF THE RGO - L2999²

Narrative Section on the HCFA 5010 Claim

Because L2999* is an unlisted (NOC) code, the claim must have additional information to describe the feature, so that the payer can tell what you are billing them for. The following information must be added to the Narrative Section on the claim:

Concise description of the item billed:	Reciprocating Gait Orthosis, RGO Hip Jt Sys, Pelvic Hip Rotation Feature
Manufacturer's name:	Ottobock
Model Number/Serial Number (if applicable):	17H100
Product name/product number (if applicable):	RGO Hip Jt Sys, Pelvic Hip Rot Feature
The acronym "MSRP":	MSRP
MSRP dollar amount :	\$_____
Brief Medical Necessity	Add reason why patient needs RGO

Where to Put the Narrative

Electronic² Claim Notes can be added in 3 places in ANSI format electronic claims. The 2300 NTE Segment pertains to the entire claim, where the SV101-7 segment and the 2400 NTE Segment apply to line items. Most private payer's look for the line item narrative in the SV101-7. Medicare requires information in both the SV101-7 and the 2400 NTE segment. Please confirm with your payer for the exact location.

Example for Medicare:

2300 NTE Segment: Pertains to the entire claim. Put information here about the overall device you are billing for.

SV101-7 Segment:* Reciprocating Gait Orthosis, RGO Hip Jt System, Pelvic Rotation Feature

2400 NTE Segment:** "Ottobock 17H100 RGO Hip Jt, Pelvic Rot, MSRP \$____, (add brief medical necessity)

* SV101-7 segment for HIPAA 5010 claims is limited to 80 characters (including spaces)

** 2400 (line note), segment NTE02 (NTE01=ADD) of the ANSI X12N, version 5010A1 professional electronic claim format is also limited to 80 characters (including spaces)

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Paper Claim³ Enter entire narrative on **Line 19** when submitting a hand-written paper claim (CMS-1500). For multiple miscellaneous codes, precede each description on line 19 with the line item number that corresponds to the line that contains the NOC code.

Line 19: L2999 Reciprocating Gait Orthosis, Ottobock 17H100 RGO Hip Jt, Pelvic Rot Feature, MSRP \$____, (add brief medical necessity)

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.

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) as the claim will likely undergo medical necessity review.

3. MANUFACTURER SUGGESTED RETAIL PRICE (MSRP)⁴

2015 MSRP for the Pelvic Rotation Feature is \$8,226.36

4. DENIAL/REMITTANCE ADVICE REMARK CODES^{2,5}

If a narrative is absent or the requested information is not provided in a timely fashion you may get one of the following denial codes (claim likely needs to be resubmitted):

Claim Adjustment Reason Code 16	"Claim/service lacks information which is needed for adjudication." Additional information is supplied using the remittance codes whenever appropriate.
Remittance Advice Remark Code MA130	"Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information."
Remittance Advice Remark Code N350	"Missing/incomplete/invalid description of service for a Not Otherwise Classified (NOC) code or an Unlisted/By Report procedure."
Claim Status Category Code (CSCC) A8	Acknowledgement/Rejected for relational field in error
Claim Status Code (CSC) 306	Detailed description of service
Edit Reference	X222.351.2400.SV101-7.020

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5. 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 800.377.0338.

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 Billing Instructions for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Submitted with a Not Otherwise Classified (NOC) HCPCS. NHIC Corp., *DME MAC Jurisdiction A Resource*. June 2013;28:87-88; Revised: Billing a Not Otherwise Classified Health Care Common Procedure Coding System Code. National Government Services, DME MAC Jurisdiction B. January 2014; Noridian Healthcare Solutions, LLC, DME MAC Jurisdiction D. *Electronic Claim Narratives*.

³ NHIC Corp. *DME MAC Jurisdiction A Supplier Manual*, Chapter 3, Health Insurance Claim Form, Instructions for line 24D; National Government Services, *DME MAC Jurisdiction B Supplier Manual* Chapter 12, Claim Submission. Instructions for line 24D; CGS Administrators, LLC. *DME MAC Jurisdiction C Supplier Manual*, Chapter 6, Claim Submission. Item 24D; Noridian Healthcare Solutions, LLC, DME MAC Jurisdiction D. *Keys to Successful Claims Filing*.

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 payer’s 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).

⁵ Washington Publishing Company. Reference. *Claim Adjustment Reason Codes*. Washington Publishing Company. Reference. *Remittance Advice codes*.