

1E2, 1E90, 1E91, 1E93 Coding and Billing Tips

Effective November 19, 2020

On November 19th, 2020, the PDAC-Medicare Contractor for Pricing, Data Analysis and Coding of HCPCS Level II DMEPOS Codes assigned L5999 to four of Ottobock’s prosthetic fitness feet. As a result, until we secure new coding, miscellaneous (NOC) codes must be used when billing for them. Following is guidance for billing miscellaneous codes.

BILLING TIPS FOR THE MISCELLANEOUS CODE – L5999

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

Because L5999 is a miscellaneous 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#, and MSRP).

Where to Put the Narrative

Electronic Claim

A line-item narrative should be added to the 2400 Segment (Loop SV101-7)* in the electronic file.
Note: Segments are limited to 80 characters each (including spaces).

Field #	Claim Description	Loop	Segment
Not otherwise classified drugs or Unlisted procedure code (NOC)	2400	SV101-7	Description of Service for unlisted procedure code (NOC)

Examples:

L5999 ADDITION TO LL PROSTHESIS, OTTOBOCK 1E2 PROCARVE FOOT MSRP \$11,437

L5999 ADDITION TO LL PROSTHESIS, OTTOBOCK 1E90 SPRINTER FOOT MSRP \$6,967

L5999 ADDITION TO LL PROSTHESIS, OTTOBOCK 1E91 RUNNER FOOT MSRP \$6,662

L5999 ADDITION TO LL PROSTHESIS, OTTOBOCK 1E93 RUNNER JR FOOT MSRP \$4,123

Paper Claim

A line item narrative is put on **Line 19** when submitting a hand-written paper claim. Include the HCFA 1500 line number (1-6) that the L5999 is located on.

Example:

LINE 3: L5999 OTTOBOCK 1E2 PROCARVE PROSTHETIC FOOT MSRP \$_____

*If you cannot locate the 2400 loop (Loop SV101-7), please check with your software vendor for line item narrative placement.

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What if I do not include a narrative?

If a narrative is not included, the required information is expected to be attached to the claim. If there is no narrative or attachment your claim 1) will be rejected on the front end, or 2) will receive a denial that does not include appeal rights. Both types of denials require the claim be resubmitted with the requested information. Generally, standardized narratives enable carriers to recognize similar claims and assign pricing, thereby improving the process.

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 payment 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 if applicable) as the claim will likely undergo medical necessity review.

Ottobock's Reimbursement Team is available to help with prosthetic Foot claims.

Phone: 800 328 4058 (ask for reimbursement)

E-mail your question to: reimbursement911@ottobock.com

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.

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