SUGGESTED CODING FOR C-BRACE

1,2,5 **L2006**  Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated.

Because L2006 does not have a Medicare fee schedule amount assigned yet, it may not be adopted by all payers. As a result, we have provided a miscellaneous code description which may be used by payers that have not adopted L2006.

1,3 **L2999**  Ottobock 17K01000=0_B C-Brace KAFO with microprocessor hydraulic (or fluid) swing and stance phase control, stumble recovery feature, adjustable stance flexion feature, hydraulic stance extension dampening feature, includes sensors, battery and charger, custom fabricated. MSRP $______

**MANUFACTURER SUGGESTED RETAIL PRICE**

Effective January 1, 2020 the MSRP for the C-Brace described by L2006/L2999 is $90,000.
BILLING TIPS FOR THE C-BRACE

2 Narrative Section on the HCFA 5010 Claim

HCPCS code L2006 does not have a fee schedule amount assigned yet and L2999 is an unlisted (NOC) code. In both cases, a claim narrative will allow the payer to better understand what you are billing them for and determine reimbursement. Most payers require a narrative be added to the claim (e.g. description, manufacturer, name & model#, serial number#, and MSRP).

Where to Put the Narrative for the L2999 Code

Electronic Claim

Loop 2400 (line note): Insert information here specific to the line item you are billing for.

Example:

Ottobock 17KO10001=0_B C-Brace KAFO microprocessor ctrl SNS cust fab MSRP $_______ (add brief medical necessity)

* Note Loop 2400 (line note) is limited to 80 characters (including spaces)

Paper Claim

Line 19: Enter entire narrative on Line 19 when submitting a hand-written paper claim (CMS-1500). Include the HCFA 1500 line number that the NOC code is located on.

Examples:

Line 1: L2006 Ottobock 17KO10001=0_B C-Brace Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated. (add brief medical necessity)

OR

Line 1: L2999 Ottobock 17KO1000=0_B C-Brace KAFO with microprocessor hydraulic (or fluid) swing and stance phase control, stumble recovery feature, adjustable stance flexion feature, hydraulic stance extension dampening feature, includes sensors, battery and charger, custom fabricated. MSRP $_______ (add brief medical necessity)
WHAT HAPPENS IF THE NARRATIVE IS OMITTED?

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 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) 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 800.377.0338 or you can email 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. Joint DME MACs Local Coverage Determination (LCD), Lower Limb Prostheses (L33787) and Policy Article A52496 (effective January 1, 2020)


4. The 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).


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