PRIVATE PAYER SUGGESTED CODING

The following codes are applicable to the Genium

L5828 Single axis, fluid (hydraulic), swing and stance phase knee
L5845 Stance flexion feature, adjustable
L5848 Fluid stance extension damping feature
L5999* Adaptive Microprocessor-Control feature on Ottobock 3B1-3 Genium Prosthetic Knee; Adaptive Swing and Stance Phase with Simulated-Physiologic Rule Sets, predicted by Multi-Modal Proprioceptive Input.
L5999* Obstacles and Stairs Feature on Ottobock 3B1-3 Genium Prosthetic Knee; Loads flexed knee to traverse obstacles and ascend stairs.
L5999* Dynamic Stability Control Feature on Ottobock 3B1-3 Genium Prosthetic Knee for all transitional gait (i.e. safe multidirectional movement in confined spaces, stance release on ramps, transition to running, weight compensation for stance release).
L5999* Inertial Motion Unit (IMU) Control Feature on Ottobock 3B1-3 Genium Prosthetic Knee, allows for intuitive standing and walking backwards.
Short Description of L5999 for Claims

L5999* Adaptive MP feature on Ottobock 3B1-3 Genium Knee
L5999* Obstacles and stairs feature on Ottobock 3B1-3 Genium Knee
L5999* Dynamic stability control feature on Ottobock 3B1-3 Genium Knee
L5999* Inertial motion unit (IMU) control feature on Ottobock 3B1-3 Genium Knee

Coding for the Genium Protective Cover

L5999* Ottobock 4X880 Genium protective cover for the 3B1-3 Genium Knee

Coding for Genium Battery and Charger (replacement only)

L7367 Lithium ion battery, replacement on Ottobock 3B1-3 Genium Knee
L7368 Lithium ion battery charger, replacement on Ottobock 3B1-3 Genium Knee

* It is not recommended to bill miscellaneous code L5999 to Medicare for microprocessor knees.

²2020 MANUFACTURER SUGGESTED RETAIL PRICES (MSRP) FOR THE GENIUM MISCELLANEOUS CODES (L5999)

<table>
<thead>
<tr>
<th>Feature</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptive Microprocessor Control</td>
<td>$50,000</td>
</tr>
<tr>
<td>Obstacles and Stairs</td>
<td>$15,000</td>
</tr>
<tr>
<td>Dynamic Stability Control</td>
<td>$10,000</td>
</tr>
<tr>
<td>Inertial Motion Unit</td>
<td>$5,000</td>
</tr>
<tr>
<td>Protective Cover</td>
<td>$2,571</td>
</tr>
</tbody>
</table>
BILLING TIPS FOR GENIUM MISCELLANEOUS CODES - L5999

Narrative Section on the HCFA 5010 Claim

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 with 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 2 places; the 2300 Segment (pertains to the entire claim) and the 2400 Segment (pertains to each line item). Note: Segments are limited to 80 characters each (including spaces).

2300 Segment: Put information here about the overall device you are billing for (socket, knee, ankle, foot, etc.)

Example:
TF PROSTHESIS W/SOCKET, GENIUM KNEE, VS PYLON FOOT, CUST LINER, COVER

2400 Segment: Put information here about L5999

Example:
L5999 ADAPTIVE MP FEATURE ON THE OTTOBOCK 3B1-3 GENIUM PROSTHETIC KNEE, MSRP $____

Paper Claim 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.

TF PROSTHESIS W/ SOCKET, GENIUM KNEE, VS PYLON FOOT, CUST LINER, COVER; Line 3: L5999 ADAPTIVE MP FEATURE ON OTTOBOCK 3B1-3 GENIUM KNEE E, MSRP $____

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.
Genium®
Coding and Billing Tips
Effective Date: January 1, 2020

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.

CONTACT:
Ottobock Reimbursement North America
P 800 328 4058  F 800 962 2549
professionals.ottobockus.com/Reimbursement
professionals.ottobock.ca/Reimbursement
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 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).