SUGGESTED CODING FOR EMPOWER

1L5973  Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dorsiflexion and/or Plantar Flexion Control, Includes Power Source.

1, 2L5969  Addition Endoskeletal Ankle Foot System, power assist, Includes any type motor (s)

Because L5969 does not have a Medicare fee schedule amount assigned, it may not be adopted by all payers. As a result, we have provided an miscellaneous code description which may be used with payers that have not adopted L5969.

1, 2L5999  Addition, power assist feature on Ottobock 1A1-1 Empower foot, MSRP $40,000 [similar to L5969 Addition Endoskeletal Ankle Foot System, power assist, Includes any type motor (s)]

3MANUFACTURER SUGGESTED RETAIL PRICE (MSRP)

2020 the MSRP for the Power Assist feature described by L5999/L5969 is $40,000.
BILLING TIPS FOR THE EMPOWER

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 & model#, serial number#, and MSRP). Please check with your software vendor and payer for to confirm narrative placement.

Where to Put the Narrative for the L5999 code

Electronic Claim

Loop 2400 Segment, Element SV101-07: Insert information here specific to the line item you are billing for.

Example:

Addition, power assist feature on Ottobock 1A1 Empower foot, [similar to L5969 Addition Endoskeletal Ankle Foot System, power assist, Includes any type motor (s)]. MSRP $________

*Note: Loop 2400 is limited to 80 characters including spaces.

Paper Claim

Enter entire narrative on Line 19 when submitting a hand-written paper claim (CMS-1500). Include the HCFA 1500 line number (1-6) that the L5999 code is located on.

Example:

Line 2: L5999- Addition, power assist feature on Ottobock 1A1 Empower foot, [similar to L5969 Addition Endoskeletal Ankle Foot System, power assist, Includes any type motor (s)]. MSRP $________

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 and reason for replacement) as the claim will likely undergo medical necessity review. See Ottobock document titled “Lower Limb Prosthetic Documentation Guide for additional information as to which documentation may be required.

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 call 800.328.4058 and ask for reimbursement, or you can email your question to reimbursement911@ottobock.com.
Empower® Foot
Private Payer Billing Tips
January 1, 2020

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 L5969 and L5999 cannot be billed to Medicare for the Empower Foot.

3 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).