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***Myo Plus* pattern recognition.**
Coding and Billing Tips for L7499.
January 2026

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HCPCS code L6700, which applies to *Myo Plus*, was added to the Medicare Fee Schedule as of 04/01/2025. If you are working with a non-government payer, which does not have L6700 on their current fee schedule, you may have to use miscellaneous code L7499. Please check with your payer for correct coding.

[1]Miscellaneous Code Description.

Long Description

L7499 Ottobock 13E520 *Myo Plus* TR. Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement" to describe Intent Decoding Modules (IDMs) for upper limb myoelectric prostheses. MSRP $ _____

Narrative Section on the HCFA 5010 Claim[2,3].

Because L7499 is an unlisted (NOC) code, the claim must have additional information to describe the item, so that the payer can tell what you are billing them for. Most payers require a narrative be added to the claim (e.g. device name, manufacturer, model/serial number, and MSRP).

Where to Put the Narrative.

Electronic Claim

For each miscellaneous code a narrative description must be inserted into the loop 2400 (line note) segment. The narrative should include the following:

Add to UE prosthesis Ottobock 13E520 *Myo Plus* pattern recognition MSRP $_____

Paper Claim

Insert narrative for the miscellaneous code on **Line 19** when submitting a hand-written paper claim (CMS-1500) and write on **Line 19:**

"For claim line # ____, Ottobock 13E520 *Myo Plus* TR. Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement" to describe Intent Decoding Modules (IDMs) for upper limb myoelectric prostheses. MSRP $ _____

What if I Do Not Include a Narrative Description?

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.

[4] Manufacturer Suggested Retail Price (MSRP) for the L7499 Miscellaneous Code.

- 2026 MSRP for the *Myo Plus* pattern recognition system is $46,410

How Much Will I Get Paid for the Miscellaneous Code?

The reimbursement methodology for NOC/miscellaneous codes is generally stated in your contract with the payer. 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) as the claim will likely undergo medical necessity review.

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 do not replace the Supplier's judgment. These recommendations may be subject to revision based on additional information or alpha-numeric system changes.

[2] Joint DME MAC. Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426). Not Otherwise Classified (NOC) BILLING INFORMATION. Updated January 1, 2024.

[3] Noridian. CMS-1500 Claim Form Crosswalk to EMC Loops and Segments

[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 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).

For Reimbursement Assistance, Contact:

Ottobock North America, Reimbursement
P 800 328 4058 F 800 230 3962
reimbursement911@ottobock.com

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