

# Orthotics Suggested Coding

## Table of Contents

<b>Custom Orthotics</b>	<b>Page</b>
AFO, KAFO, HKAFO	2
Orthotic Components	
Ankle Joints	3
Footplates and Foot Inserts	5
Hip Joints	6
Knee Joints	7
Bracing and Supports	
Cervical	9
Foot and Ankle	10
Hip	11
Knee (Rigid Ligament, ROM, Hinged, Patellofemoral, Post-Op)	12
Spine	14
Upper Extremity (Shoulder, Elbow, Wrist, Hand)	16

### If you need help

#### Contact the Ottobock Reimbursement Team

- Call 800-328-4058 and ask for Reimbursement
- Email your request to [reimbursement911@ottobock.com](mailto:reimbursement911@ottobock.com)

Item	Description	Suggested HCPCS Coding:
<b>AFO, KAFO, HKAFO</b>		
170K1=OBA	Free Walk Orthosis, Kit	L2005
17B203	E-MAG Active (Version 3)	Contact reimbursement for assistance 800 328 4058 / reimbursement911@ottobock.com
17CF1	Carbon Ankle seven	AFO Coding Only: L1945 (Base Code) + L2755 + L2820 + L2999, If Applicable: L2275 OR L1940 (Base Code) + L2340 (Pretibial shell must be no ; 3 in. proximal to medial malleolus) + L2755 + L2820 + L2999, If Applicable: L2275 KAFO Coding: (Base code varies) + appropriate add on codes
17H100	RGO Hip Joint System	Base Code: L2036 (x2) or L2037 (x2) Pelvic Section: L2570 + L2627 + L2680 (x2) + L2768 (x2) + L2999 (pelvic rotation feature) Knee Section: L2415 ( x2 or x4)+ L2395 (x2 or x4) Ankle Section Options: L2250 (x2 or x4) , L2200 (x2 or x4), L2210 (x2 or x4), L2220 (x2 or x4) Additional Options: L2340 (Special Request, x2), L2820 (x2), L2830 (x2), L2492, L2780 PDAC Verified for L2999 only
17KO1	C-Brace	See: C-Brace Reimbursement Tool Kit Restrictions to Coding and/or Coverage may apply
17LK3	Unilateral Knee Joint	If configured with Knee Lever Lock: Base code (L2036/L2037) + L2492 (lift loop, 4F18 ordered in addition) + L2200/L2210/L2220 for ankle joint(s) If configured with Cable Control Lock: Base Code (L2036 or L2037) + L2415 + L2200/L2210/L2220 for ankle joint(s) If configured as Free Motion: Base Code (L2036 or L2037) + L2200/L2210/L2220 for ankle joints(s) If Applicable: L2250 Double upright: add L2385 if >300 #
28U11=K	WalkOn AFO	L1951 PDAC Verified
28U22	Walk On Flex	L1951 PDAC Verified
28U23	WalkOn Trimable	L1951 PDAC Verified
28U24	WalkOn Reaction Ankle Foot Orthosis	L1932 If Applicable: L2270 (T strap) PDAC Verified
28U25	WalkOn Reaction Plus	L1932
28U50	Malleo Neurexa pro	L1930
28U70	GoOn	L4398 PDAC Verified
28U90	Thermoplastic AFO	L1930
50S1	Dyna Ankle - Dynamic Ankle Orthosis	L1951

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.

Item	Description	Suggested HCPCS Coding:
<b>Orthotic Components: Ankle Joints</b>		
17AD1*	Ankle jt, Stirrup, Dual Action,pair	Initial: (Base Code) + L2220 per joint Replacement: L2220 If Applicable: L2250
17AD100	Nextgear Tango	L2220 If applicable: L2250 for the footplate
17AF10	X-ible	L2200 per joint when used with 17S2-A/P Snap Stop
17AF10=*-DA	X-ible w/dorsi assist	L2210 per joint when used with 17S2-A/P Snap Stop
17AF2*	Ankle Jt, Contour, pair	Initial: Included in Base Code Replacement: L4210
17B53	System-Toe Pick-up Ank.Jt.	Initial: (Base Code) + L2210 Replacement: L2210 If Applicable: L2250
17B54	System-Limit Mot.Ankle Jt.	Initial: (Base Code) + L2210 Replacement: L2210 If Applicable: L2250
17B57*	Ankle Jt, Lim Motion, pair	Initial: (Base Code) + L2200 per joint Replacement: L2200
17B59*	Ankle Jt, Toe Pick-up, pair	Initial: (Base Code) + L2210 per joint Replacement: L2210
17B62*	Ankle Jt, Contour, ROM, pair	Initial: (Base Code) + L2200 per joint Replacement: L2200
17B63	System-Toe Pick-Up Ankle Joint	Initial: (Base Code) + L2210 Replacement: L2210 If Applicable: L2250
17B98*	Ankle Jt, Stirrup, Toe Pick-up, pair	Initial: (Base Code) + L2210 per joint Replacement: L2210 If Applicable: L2250
17F24*	Ankle Jt, Stirrup, fixed, pair	Initial: Included in Base Code Replacement: L4210 If Applicable: L2250
17F34*		Initial: Included in Base Code Replacement: L4210 If Applicable: L2250
17F35	Ankle Jt, Stirrup, fixed, pair System-Caliper Plate	Initial: (Base Code) + L2230 Replacement: L2230
17F46*	Ankle Jt,Stirrup, lim, pair	Initial: (Base Code) + L2200 per joint Replacement: L2200 If Applicable: L2250
17F47*	Ankle Jt, Stirrup, Toe Pick-up, pair	Initial: (Base Code) + L2210 per joint Replacement: L2210 If Applicable: L2250
17F53	Ankle Jt, Stirrup, Dual Action, Pair	(Base) + L2220 per joint Replacement: L2220
17F65*	Ankle Jt, Stirrup, Dual Action,Titanium	Initial: (Base Code) + L2220 Replacement: L2220 If Applicable: L2250 If Applicable: L2385 for patient weight over 300lbs
17LA3N	Unilateral Ankle Jt	L2220 Replacement: L2220

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.

Item	Description	Suggested HCPCS Coding:
17PA1	Aqualine orthotic ankle joint	For KAFO use: Base Code (L2036) + L2220 For AFO use: Base Code (L1970) + L2220 + L2250 + L2275 (if applicable)
17PF1	Foot Stirrup for Plastic Ankle Joint	Included in L2250 Replacement: L4210
17S1=A-D1	Snapstop Mold Blank	Included in coding for Snapstop
17S1=P	Snapstop	L2200 per joint Replacement: L2200
17S2=A-MB	Snapstop Mold Blank	Included in coding for Snapstop

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.

Item	Description	Suggested HCPCS Coding:
<b>Orthotic Components: Footplates and Foot Inserts</b>		
4-11	Silicone 3/4-Length Insole	L3040 OTS
4-12	Silicone Full-Length Insole with Met Pad	L3040 OTS
4-13	Silicone Full-Length Insole w/o Met Pad	L3050 OTS
SL=A	Arched Carbon Foot Plate	L3031
SL=CFP	Contoured Carbon Foot Plate	L3031
SL=F	Flat Carbon Foot Plate	L3031
SL=HA	Half Inch Arched CFP	L3031
SL=ME	Mortons Extension	L2360 OTS

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.



Item	Description	Suggested HCPCS Coding:
<b>Orthotic Components: Hip Joints</b>		
17B82*	Hip Jt, Free Motion	Initial: (Base Code) + L2600 Replacement: L2600
17H23*	Hip Joint for Derotation	Initial: (Base Code) + L2600 Replacement: L2600
17H26*	Hip Jt with Ring Lock, Child	Initial: (Base Code) + L2600 + L2610 Replacement: L2600 + L2610
17H28*	Hip Jt with Ring Lock, Child	Initial: (Base Code) + L2600 + L2610 Replacement: L2600 + L2610
17H29*	Hip Jt Child, Free Moving	Initial: (Base Code) + L2600 Replacement: L2600
17H34*	Hip Jt with Ring Lock	Initial: (Base Code) + L2600 + L2610 Replacement: L2600 + L2610
17H35*	Hip Jt with Ring Lock	Initial: (Base Code) + L2600 + L2610 Replacement: L2600 + L2610

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.

Item	Description	Suggested HCPCS Coding:
<b>Orthotic Components: Knee Joints</b>		
17B105=* /106=*	Knee Jt, Wedge Lock, Cable Pull, pair	Initial: (Base Code) + (L2405 + L2415 per joint) Replacement: L2405 + L2415
17B20	Syst.Ring Lock Joint Head	Initial: (Base Code) L2405 Replacement: L2405 If Applicable: L2385 for patient weight over 300lbs
17B21	Syst. Ring Lock Joint Head	Initial: (Base Code) L2405 Replacement: L2405 If Applicable: L2385 for patient weight over 300lbs
17B23	System Covered Bale Lock Knee Joint	Initial: (Base Code) + L2415 Replacement: L2415 If Applicable: L2385 for patient weight over 300lbs
17B26	Syst.-Free Motion Jt. Head	Initial: (Base Code) + L2390 Replacement: L2390
17B3	Syst.-Free Motion Jt. Head	Initial: (Base Code) + L2390 Replacement: L2390
17B33	System-Covered Bale Lock Knee Joint	Initial: (Base Code) + L2415 Replacement: L2415 If Applicable: L2385 for patient weight over 300lbs
17B42	Syst. Ring Lock Joint Head	Initial: (Base Code) L2405 Replacement: L2405 If Applicable: L2385 for patient weight over 300lbs
17B43	Syst.-Free Motion Jt.Head	Initial: (Base Code) + L2390 Replacement: L2390
17B44	Syst.-Adj.Swiss Lock Knee Joint	Initial: (Base Code) L2415 + L2425 Replacement: L2415 + L2425 If Applicable: L2385 for patient weight over 300lbs
17B45	System Knee Joint	Initial: (Base Code) + L2415 Replacement: L2415 If Applicable: L2385 for patient weight over 300lbs
17B46	Syst.-Polycentric Jt. Head	Initial (Base Code) + L2387 Replacement: L2387
17B47=*	Syst.-Free Motion Jt. Head	Initial: (Base Code) + L2390 Replacement: L2390
17B71	Syst.-Polycentric Jt. Head	Initial (Base Code) + L2387 Replacement: L2387
17B91	Sys.-Cov.Bale Lock Jt.Hd.	Initial: (Base Code) + L2415 Replacement: L2415 If Applicable: L2385 for patient weight over 300lbs
17B92	Syst.-Cov.Bale Lock Jt. Hd	Initial: (Base Code) + L2415 Replacement: L2415 If Applicable: L2385 for patient weight over 300lbs
17B95	Syst.-Cable Release Jt.Hd.	Initial: (Base Code) L2415 Replacement: L2415 If Applicable: L2492 (lift loop)L2385 for patient weight over 300lbs
17B96	Syst.-Cable Release Jt.Hd.	Initial: (Base Code) L2415 Replacement: L2415 If Applicable: L2492 (lift loop)L2385 for patient weight over 300lbs
17B97=*	Offset Knee Jt, Short Lock Bale, Cable Pull	Initial: (Base Code) + L2390 + L2405 + L2415 Replacement: L2390 + L2405 + L2415

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.

Item	Description	Suggested HCPCS Coding:
17K29*	Ring Lock Knee Joint	Initial: (Base Code) L2405 Replacement: L2405
17K32*	Offset Knee Jt, Lim Motion, pair	Initial: (Base Code) + L2390
17K4*	Polycentric Knee Joint	Initial: (Base Code) + L2387 Replacement: L2387
17KF10	Posterior Offset	Initial: (Base Code) + L2390 Replacement: L2390
17KL20*	Bale Lock Knee Joint	Initial: (Base Code) + L2415 Replacement: L2415 If Applicable: L2385 for patient weight over 300lbs
17KL40*	Lock Knee Joint	Initial: (Base Code) + L2405 Replacement: L2405 If Applicable: L2385 for patient weight over 300lbs
17PK1	Aqualine orthotic knee joint	If configured as Locked KAFO: Base Code (L2036)+L2390 + L2492 + L2415 If configured as Free Motion: Base Code (L2036) + L2390
7U56*	Plastic Polyc. Knee Joint	Initial: (Base Code) + L2387 Replacement: L2387

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.



Item	Description	Suggested HCPCS Coding:
<b>Cervical Braces and Supports</b>		
00103	103=8, Necky Anatomic, Grey	L0120 OTS
00104	104=10, Necky Anatomic, Grey	L0120 OTS
00105	105=12, Necky Anatomic, Grey	L0120 OTS
00155	Necky Comfort black	L0120 OTS
50C20	Necky Color Cervical Orthoses	L0120
50C30	Necky Collar	L0120 PDAC Verified
50C71	Ottobock CTO (CTO-SG)	L0200 PDAC Verified
50C72	Ottobock Cervical SOM (CERV-SG)	L0180 PDAC Verified
50C74	Cervical Immobilizert	L0174 PDAC Verified
50C76	Value Collar	L0172 PDAC Verified
50C80	Cybertech Minerva (MCTO-SG)	L0200 PDAC Verified
50C81	Cybertech Mini Minerva (MIMO-SG)	L0190 PDAC Verified
50C91	Smartspine Universal Collar	L0174 PDAC Verified

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.

Item	Description	Suggested HCPCS Coding:
<b>Foot and Ankle Braces and Supports</b>		
29S35	Heel Wedges	Included in base code PDAC Verified
29S38	Rain Cover	A9270 PDAC Verified
29S39	Rain Cover,Low	A9270 PDAC Verified
29S45	Night Cover	A9270 PDAC Verified
509=*	Hallux Valgus ComfortT strap	A4467
50S10-1	Malleo Immobil Walker	L4387 PDAC Verified
50S11-1	Malleo Immobil Walker low	L4387 PDAC Verified
50S12-1	Malleo Immobil Air Walker	L4361 PDAC Verified
50S14-1	Malleo Immobil Air Walker low	L4361 PDAC Verified
50S156=K	Walker	L4387 PDAC Verified
50S157=K	Pneumatic Walker	L4361 PDAC Verified
50S158	ROM Walker Boot	L4361
50S159	Ottobock Shelled Walker Boot	L4361 PDAC Verified
50S16	Malleo Sprint light	L1902 PDAC Verified
50S20-1	Malleo Immobil Night Splint	L4397 PDAC Verified
50S21	Dynamic Night Splint	L4397 PDAC Verified
50S22	Dorsal Night Splint	L4398 PDAC Verified
50S3	Malleo Sprint	L1902 PDAC Verified
50S5	Malleo Sensa Ankle Support	A4467 PDAC Verified
50S9	Malleo Direxa Stirrup	L4350 PDAC Verified
510=*	Hallux Valgus Combo ComfortT	A4467
7772	Malleo Arexa	L1906 PDAC Verified
50S19	Infinity Air Walker, High	L4360 Custom Fit / L4361 OTS
50S23	Infinity Air Walker, Low	L4360 Custom Fit / L4361 OTS

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.

Item	Description	Suggested HCPCS Coding:
<b>Hip Braces and Supports</b>		
28L10	Tubingen Hip Abduction Orthosis	L1650 Prefabricated PDAC Verified
28L20	Hip Abduction Orthosis	L1650 Prefabricated PDAC Verified

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.

Item	Description	Suggested HCPCS Coding:
<b>Knee Braces and Supports (Rigid Ligament, ROM, Hinged, Patellofemoral, Post-Op)</b>		
8353	Genu Direxa wraparound	L1810 Custom Fit / L1812 OTS PDAC Verified
8359	Genu Direxa Stable long	L1832 Custom Fit / L1833 OTS PDAC Verified
29K193	Suspension Sleeve	L2397 PDAC Verified
29K194	Xeleton Oversleeve	A9270 PDAC Verified
50K13N	Genu Arexa Knee Orthosis	L1845 Custom Fit / L1852 OTS PDAC Verified
50K15	Genu Sensa	A4467
50K204	Telescoping Post-Op Brace,Cool	L1832 Custom Fit / L1833 OTS PDAC Verified
50K205	Telescoping Post-Op Brace,Premium	L1832 Custom Fit / L1833 OTS PDAC Verified
50K241	Telescoping Post-Op Brace,Short,Cool	L1832 Custom Fit / L1833 OTS
50K29	Ottobock, OA Restore, Lf XS Blk	L1845 Custom Fit / L1852 OTS PDAC Verified
50K30	Xeleton	L1845 Custom Fit / L1852 OTS PDAC Verified
50K301	Ottobock X-LTE Ligament Knee Brace	L1845 Custom Fit / L1852 OTS PDAC Verified
50K302	Ottobock X-PRO Ligament Knee Brace	L1845 Custom Fit / L1852 OTS PDAC Verified
50K310	Knexus Neoprene PullOn	L1833 PDAC Verified
50K311	Knexus OBtech PullOn	L1833 PDAC Verified
50K312	Econ Hinged NEO Pull On	L1812 PDAC Verified
50K313	Econ Hinged Mesh PullOn	L1812 PDAC Verified
50K314	Econ Hinged NEO	L1812 PDAC Verified
50K315	Econ Hinged Mesh	L1812 PDAC Verified
50K316	Knexus Neoprene	L1833 PDAC Verified
50K317	Knexus OBtech	L1833 PDAC Verified
50K322	Genu Immobil Adjuster	L1832 Custom Fit / L1833 OTS PDAC Verified
50K324	Agilium Reactive	L1843 Custom Fit / L1851 OTS
50K4	Agilium Freestep	A9285 A9285 is not covered by Medicare AN Panel issued A9285
8060=K	Genu Immobil	L1830 PDAC Verified
8165=K	Genu Neurexa Knee orthosis, beige	L1832 Custom Fit / L1833 OTS
8320N	Patella Pro	L1810 Custom Fit / L1812 OTS PDAC Verified

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.



Item	Description	Suggested HCPCS Coding:
8356	Genu Direxa	L1810 Custom Fit / L1812 OTS PDAC Verified
8360=K	Genu Carezza Patella Stabilizer	A4467
8362*	Genu Carezza wraparound	A4467
8364=K	Genu Therma Patella	A4467
8368=K	Genu Direxa Stable wraparound, black	L1832 Custom Fit / L1833 OTS
50K306	Agilium Vantage	L1843 Custom Fit / L1851 OTS
50K305	Agilium Forte	L1843 Custom Fit / L1851 OTS

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.



Item	Description	Suggested HCPCS Coding:
<b>Spine Braces and Supports (Premium, Universal, Classic, Specialty, Hyperextension, Corsets)</b>		
28R128	Hyper X Plus	L0472 Prefabricated
28R140N	Dorso Arexa	L0472 Prefabricated PDAC Verified
28R16=K	Hyperextension Orthosis	L0472 Prefabricated
28R18	Hyperextension Orthosis	L0472 Prefabricated PDAC Verified
28R27	Cybercross TLSO	L0472 Prefabricated PDAC Verified
29R366	CoolMax Body Sock (1BP1-BS)	L0984 PDAC Verified
50R10	Lumbo Sensa LSO (L1-S1), male	A4467
50R11	Lumbo Sensa LSO (L1-S1), female	A4467
50R131	Cybertech Postural Ext. II (PEO-NB)	L0456 Custom Fit / L0457 OTS PDAC Verified
50R133N	Cybertech Short Chairback LP	L0627 Custom Fit / L0642 OTS PDAC Verified
50R134N	BI MOD STANDARD 10 inch	L0633 Custom Fit / L0649 OTS PDAC Verified
50R135N	Bi Mod 8" Low Profile (L0633L-S01)	L0633 Custom Fit / L0649 OTS PDAC Verified
50R137N	Cybertech Ergo MAC Plus	L0626 Custom Fit / L0641 OTS PDAC Verified
50R138N	Cybertech Ergo MAC Plus	L0626 Custom Fit / L0641 OTS PDAC Verified
50R142N	Cybertech SPINE Sport (OM500)	A9270 PDAC Verified
50R144N	Original Cybertech Low Pro 8"" (LOW-S03	L0626 OR L0641 PDAC Verified
50R145N	Flex Plus 8 Zoll	L0627 Custom Fit / L0642 OTS PDAC Verified
50R147N	Cybertech S.P.I.N.E. Brace	A9270 PDAC Verified
50R148N	MAC Standard	L0641 PDAC Verified
50R150	Low Profile LSO Lite	L0627 Custom Fit / L0642 OTS PDAC Verified
50R151	Low Profile LSO	L0627 Custom Fit / L0642 OTS PDAC Verified
50R152N	TLSO	L0456 Custom Fit / L0457 OTS PDAC Verified
50R153N	Fulcrum LSO	L0637 Custom Fit/ L0650 OTS PDAC Verified
50R154N	Comprehensive LSO	L0631 Custom Fit / L0648 OTS PDAC Verified
50R159	SI Belt	L0621 PDAC Verified
50R210N	Cybertech Premium Plus STD	L0627 Custom Fit / L0642 OTS PDAC Verified
50R211N	Cybertech Trimod	L0637 Custom Fit/ L0650 OTS PDAC Verified

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.

Item	Description	Suggested HCPCS Coding:
50R215N	Passport LSO	L0631 Custom Fit / L0648 OTS PDAC Verified
50R216N	Cybertech Pathway LS	L0627 Custom Fit / L0642 OTS PDAC Verified
50R217N	Original Cybertech 10"" STD (STAN-S03)	L0626 OR L0641 PDAC Verified
50R218N=1	Option 1 Universal LO	L0627 Custom Fit / L0642 OTS PDAC Verified
50R218N=2	Option 2 Universal LSO	L0631 Custom Fit / L0648 OTS PDAC Verified
50R218N=3	Option 3 Universal LSO	L0637 Custom Fit / L0650 OTS PDAC Verified
50R276N	CYBER LSO LOW PRO 8" NFPU (Cyber Low Profile LSO)	L0626 OR L0641 PDAC Verified
50R277N	Cyber 10" Standard LSO	L0626 OR L0641 PDAC Verified
50R300	Dynea	L0635 PDAC Verified For L0635
50R319N=627	Cybertech Multi 627 (60-1627-9)	L0627 Custom Fit / L0642 OTS PDAC Verified
50R319N=631	Cybertech Multi 631 (60-1631-9)	L0631 Custom Fit / L0648 OTS PDAC Verified
50R319N=637	Cybertech Multi 637 (60-1637-9)	L0637 Custom Fit / L0650 OTS PDAC Verified
50R320N	CyberSpine TLSO X4	L0464 PDAC Verified Reverified 3/23/17
50R73N	Extension Orthosis (CETL-NB-4)	L0456 Custom Fit / L0457 OTS PDAC Verified
50R50 /51 /52	Lumbo Direxa	L0625 For Medicare use GY modifier - see advisory by visiting Lumbo Direxa at <a href="http://shop.ottobock.us">shop.ottobock.us</a> PDAC Verified
50R49	Dorso Carezza Posture	A4467 PDAC Verified

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.

Item	Description	Suggested HCPCS Coding:
<b>Upper Extremity Braces and Supports (Shoulder, Elbow, Wrist, Hand)</b>		
28P211	Thumb Spica	L3807 Custom Fit / L3809 OTS PDAC Verified
28P212	Cockup Wrist Brace	L3908 PDAC Verified
28P30	Manu Neurexa Plus	L3916 PDAC Verified
28P31	Palmer Splint	included in HCPCS code for 28P30
28P44	Static Wrist Positioning Orthosis (WHFO)	L3807 Custom Fit / L3809 OTS
4024=K	Manu Rheuma Flex	L3908 PDAC Verified
4025=K	Manu Rheuma Pollex	L3807 Custom Fit / L3809 OTS PDAC Verified
4026=K	Diagonal Comfort	L3923 Custom Fit / L3924 OTS PDAC Verified
4030=K	Manu Direxa Basic	L3908 PDAC Verified
4032=K	Manu Direxa Basic WT	L3908 PDAC Verified
4055=K	Manu ComforT	L3908 PDAC Verified
4058=K	Manu ComforT Stable	L3908 PDAC Verified
4067=K	Wrist Support Child	L3908 PDAC Verified
4085=K	Thumboform long	L3923 Custom Fit / L3924 OTS PDAC Verified
4086=K	Thumboform X Long	L3807 Custom Fit / L3809 OTS PDAC Verified
4088=K	Wristoform	L3908 PDAC Verified
4103=K	Manu 3D short	L3908
4142=K	Manu 3D	L3908
4143=K	Manu 3D Basis	L3908
4146=K	Manu 3D Pollex	L3807 Custom Fit / L3809 OTS
4801N	Epiflex, Epicondylitis Support	A9270 PDAC Verified
5055=K	Acro ComforT	L3670 PDAC Verified
5065N	Omo Neurexa Shoulderorthose	L3670 OTS PDAC Verified
50A10	Omo Immobil	L3960 Prefabricated PDAC Verified
50A3	Epi Forsa Plus	A4467
50A4	Rhizo Forsa, Thumborthosis	L3923 Custom Fit / L3924 OTS PDAC Verified
50A8	OMO Immobil Sling	L3670 PDAC Verified
50A9	OMO Immobil Sling,Abduction	L3670 PDAC Verified
50P11	Manu Immobil Long,wrist positioning orth	L3807 or L3809 PDAC Verified

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.

Item	Description	Suggested HCPCS Coding:
50P12	Manu Forsa Volar, Wristorthosis	L3908
50P20 /21	Manu Arexa /Pollex	L3908 PDAC Verified
50P22	Rhizo Arexa	L3924 PDAC Verified
50P70	Manu Carezza	L3908 PDAC Verified
7126=K	Shouldersupport	A4467
9010=U	Wrist Support	A4467
50P10	Wrist Splint Manu Immobil	L3807 or L3809 PDAC Verified

The product/device "Supplier" (defined as 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 products/services delivered. It is also recommended that Supplier 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 for alpha-numeric system changes.