

4R57, 4R57=ST, 4R57=WR, 4R57=WR-ST Rotation Adapter

Coding and Manufacturer Suggested Retail Price (MSRP)

Effective 10/01/2021

The CMS Alpha Numeric Editorial Panel issued HCPCS code K1022, effective October 1, 2021, to describe the 4R57 Rotation Adapter. K1022 does not have a Medicare fee schedule amount and is therefore not listed on the Medicare Fee Schedule. You will need to check with your payer to see if they recognize this code, and if not L5999 is available to use. Either way, because there is no fee assigned, you will need to determine the payer’s payment methodology. We have provided our MSRP, in case that information is required on your claim.

¹ HCPCS Code

K1022	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type. MSRP \$_____
L5999	<i>Or use L5999 if your payer does not list K1022</i> Ottobock 4R57 positional rotation unit added to lower limb prosthesis to provide rotation for [add medical need]. MSRP \$_____

² Manufacturer Suggested Retail Price (MSRP)¹

4R57 and 4R57=ST	4R57=WR and 4R57=WR-ST
\$1,857.45	\$1,936.62

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 alphanumeric system changes.

² The manufacturer 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).