

# 7E9 Hip Joint

## Private Payer Coding and Billing Tips

January 2022

At this time, there is not an existing Healthcare Common Procedure Coding System (HCPCS) code to fully describe the 7E9 Hip Joint and miscellaneous code L5999 is available to use. We do not recommend billing the 7E9 Hip Joint to Medicare until specific coding is secured.

### **1 SUGGESTED CODING**

The following HCPCS code is applicable to the Ottobock 7E9 Hip Joint:

L5999 OTTOBOCK 7E9 HIP JOINT, MONOCENTRIC, HYDRAULIC SWING AND STANCE PHASE CONTROL, INDEPENDENTLY AND INDIVIDUALLY ADJUSTABLE FLEXION AND EXTENSION RESISTANCE.

### **2 MANUFACTURER SUGGESTED RETAIL PRICE (MSRP)**

2022 MSRP for the 7E9 Hip Joint is \$17,469.78

### **3,4 BILLING TIPS FOR THE MISCELLANEOUS CODE – L5999**

#### **Narrative Section on the HCFA 5010 Claim<sup>2,3</sup>**

Because L5999 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**

Notes can be added in 2 places in the electronic claim; 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).

Field #	Claim Description	EMC ANS 837 Loop	837 Segments
Reserved for Local Use (Commentary/Narrative)	2300	2300	NTE PWK
Not otherwise classified drugs or Unlisted procedure code (NOC)	2400	SV101-7	Description of Service for unlisted procedure code (NOC)

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### Examples:

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

HD PROSTHESIS W/SOCKET, 7E9 HIP, \_\_\_\_\_ KNEE, \_\_\_\_\_ FOOT, CUST LINER, COVER

**2400 Loop:** Put information here about L5999

OTTOBOCK 7E9 HIP JT, MONOCENTRIC, HYD SNS CTRL, INDIV ADJ FLEX & EXT. 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.

#### Line 19 Example:

HD PROSTHESIS W/SOCKET, 7E9 HIP, \_\_\_\_\_ KNEE, \_\_\_\_\_ FOOT, CUST LINER, COVER.

Line 3: L5999 OTTOBOCK 7E9 HIP JT, MONOCENTRIC, HYD SNS CTRL, INDIV ADJ FLEX & EXT. MSRP \$ \_\_\_\_\_

### 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. 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.

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

### 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.

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### References

<sup>1</sup>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.

<sup>2</sup>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)

<sup>3</sup>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, 2020.

<sup>4</sup>Noridian. CMS-1500 Claim Form Crosswalk to EMC Loops and Segments. Updated October 23, 2018.

### CONTACT

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