

Michelangelo/Axon-Bus®

Suggested Coding Options¹

January 2022

Active TH Harness

Armloop for 21A47

21A47

The Michelangelo Hand is used on a custom fabricated prosthesis. Due to customization, additional coding may apply.

Base Code Options (includes Socket, Forearm and Switch/Myoelectric Control)	, Humeral Section, Shoulder Bulkhead, Cables, Batteries, Charger,
Transcarpal switch/myo	L6026
Wrist Disarticulation switch/myo	L6920/L6925
Below Elbow switch/myo	L6930/L6935
Elbow Disarticulation switch/myo	L6940/L6945
Above Elbow switch/myo	L6950/L6955
Shoulder Disarticulation switch/myo	L6960/L6965
Interscapular-Thoracic switch/myo	L6970/L6975
Socket Options (add as appropriate, not all i	nclusive)
Test Sockets	L6680 (WD/BE), L6682 (ED/AE), L6684 (SD/IT)
Suction Socket	L6686
*Removable Insert (e.g.Thermolyn/ Bocklite)	L6691
*Silicone Insert (e.g. Proflex with Silicone)	L6692
Frame Socket	L6687 (WD/BE), L6688 (ED/AE), L6689 (SD), L6690 (IT)
Ultralight Material	L7400 (WD/BE), L7401 (ED/AE), L7402 (SD/IT)
Acrylic	L7403 (WD/BE), L7404 (ED/AE), L7405 (SD/IT)
Replacement Socket Base Code	
Replacement Socket	L6883 (BE/WD), L6884 (ED/AE), L6885 (SD/IT)
Harness (if used)	
Above Elbow Harness, Triple Control, Steel 21A35=1	L6677 (harness triple) + L6655 (standard ctrl cable, extra)

included in L6672

L6672 harness chest or shoulder, saddle type

^{*}Medicare allows the patient to have a total of 2 inserts (which includes liners) at any given time.

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.

Michelangelo/Axon-Bus®



Suggested Coding Options¹

January 2022

Elbow Options *see Michelangelo Billing Tips	
AxonArm Ergo 12K501=M /M1 /M2	Base code + L6693 (forearm counterbalance) + L6638 (elec.lock) + L7499 (MP Control of the APS System) Note: We do not recommend billing the APS MP Control feature to Medicare until specific coding is secured.
Additional Switches (if used)	
9X14 Harness Pull Switch 9X18 Cable Pull Switch 9X25 Rocker Switch 9X37 Pressure Switch 9X50 & 9X52 Linear Transducer	L6611 (additional switch)
Hand, Hook Options *See Michelangelo Billing Tips	
Michelangelo Hand 8E500	L7499 (Michelangelo Hand) + L6882 (MP control) + L6881 (Autograsp) + L6629 (QD) + L6890 (glove) + Wrist Option (below) Note: We do not recommend billing the Michelangelo Hand to Medicare until specific coding is secured.
Michelangelo Wrist Options	
9S501 Passive Rotation	L6624 (flex/ext rot wrist)
OR	OR
9S503 Active Rotation	L6624 (flex/ext wrist) + L7259 (rotator) + L6882 (MP Control)
Michelangelo Transcarpal Hand 8E550=*	L7499 (Michelangelo hand) + L6882 (MP control) + L6881 (Autograsp) + L6890 (glove)
	Note: We do not recommend billing the Michelangelo Transcarpal Hand to Medicare until specific coding is secured.
AxonHook 8E600=*	L7499* (AxonHook) + L6882 (MP control) + L6881 (Autograsp) +
	L6629 (QD) + Michelangelo Wrist Option (above)
	Note: We do not recommend billing the AxonHook to Medicare until specific coding is secured.
Donning Sheath (if used)	
Donning Sheath EasyFit Arm OC1560-*	L7600 prosthetic donning sleeve

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.



Michelangelo/Axon-Bus®

Suggested Coding Options¹

January 2022

Glove (prefabricated)		
AxonSkin Gloves 8S500 /01 / 02 / 11/	L6890 (glove any material)	
Liner options		
*14Y1 Silicone Arm Liner	L6694 (locking liner	
*14Y5 Silicone Arm Liner with CVD coating	L6694 (locking liner)	
14A1 Lock Set	L6698 (lock)	
*6Y416 Custom Shape Plus UE Urethane Liner (model made by hand)	For Initial Liner use: L6696 (custom liner congenital/atypical traumatic) or L6697 (custom liner not congenital/atypical traumatic)	
*6Y417 Custom Shape Plus Urethane UE Replacement Liner (same mold)	For Replacement Liner use: L6694 (locking liner) <u>or</u> L6695 (liner not for lock)	
88L1= Custom Silicone TR Liner	Send your Ottobock quote to <u>reimbursement911@ottobock.com</u> for help with coding and MSRP	
Replacement Electrodes (initial electrodes & cables included in base code)		
13E202=60 Suction Socket Electrode (60hz)	Included in base code, use L7510 for replacement	
13E129 Electrode Cable	Included in base code, use L7510 for replacement	
Replacement Battery/Charger (initial battery and charger are included in the base code)		
757B501 AxonEnergy Integral	L7367 lithium-ion battery replacement	
	(check with payer, may require modifiers)	
757L500 AxonCharge Integral	L7368 lithium-ion battery charger, replacement	
	(check with payer, may require modifiers)	

^{*}Medicare allows the patient to have a total of 2 inserts (which includes liners) at any given time.

Ottobock North America, Reimbursement P 800 328 4058 professionals.ottobockus.com/Reimbursement reimbursement911@ottobock.com

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.