ottobock.

Genium X3.

Private Payer Coding and Billing Tips.

January 2024.

[1]CODING

Currently, there are not existing Healthcare Common Procedure Coding System (HCPCS) codes to fully describe the *Genium X3* or its protective covers, and miscellaneous code L5999 is available to use. We do not recommend billing *Genium X3* to Medicare until specific coding is secured.

The following code is applicable to the *Genium X3*

L5999	Addition to lower extremity endoskeletal system, Ottobock 3B5-3 *Genium X3* adaptive microprocessor-controlled swing and stance phase knee, with stance flexion; stance extension damping; simulated-physiologic rule sets, predicted by multi-modal proprioceptive input; loading flexed knee to traverse obstacles and stairs; dynamic stability control for all transitional gait (i.e. safe multidirectional movement in confined spaces, stance release on ramps, transition to running, weight compensation for stance release); inertial motion control unit feature for intuitive standing and backwards walking, IP 68 submersible, IP 66 waterjets, Running mode, plus 5 additional programmable modes. Includes battery and charger.

Short Narrative Descriptions for Claims:

L5999 Addition to LL prosthesis Ottobock 3B5-3 *Genium X3* knee, MSRP $____

L5999 Ottobock 4X900 protective cover for the 3B5-3 *Genium X3* knee, MSRP $___

L5999 Ottobock 4X193-1 protective cover for the 3B5-3 *Genium X3* knee, MSRP $____

[2] MANUFACTURER SUGGESTED RETAIL PRICES (MSRP)

Ottobock 3B5-3 *Genium X3*	$138,000
4X900 Protective Cover, Replacement	$5,264
4X193-1 Protective Cover, Replacement	$5,315

[3,4] BILLING TIPS FOR *GENIUM X3* MISCELLANEOUS CODES L5999

Narrative Section on the HCFA 5010 Claim

Because L5999 is an unlisted (NOC) code, the claim must have additional information to describe the item. This will allow the payer to understand what you are billing for. Most payers require a narrative description added to the claim (e.g. description, manufacturer, product name with model #, and MSRP). Please check with your software vendor and payer for to confirm narrative placement.

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)

Examples:

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

TF PROSTHESIS W/SOCKET, *GENIUM X3* KNEE, VS PYLON FOOT, CUST LINER, COVER

2400 Loop: Put information here about L5999

L5999 ADDITION TO LL PROSTHESIS OTTOBOCK 3B5-3 *GENIUM X3* KNEE, 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:

TF PROSTHESIS W/SOCKET, *GENIUM X3* KNEE, VS PYLON FOOT, CUST LINER, COVER; Line 3: L5999 ADDITION TO LL PROSTHESIS OTTOBOCK 3B1-5 *GENIUM X3* PROSTHETIC KNEE, MSRP $_____; Line 4: L5999 OTTOBOCK 4X880 PROTECTIVE CUSTOM PROTECTIVE COVER FOR GENIUM KNEE, MSRP $_____

REIMBURSEMENT AMOUNT

The reimbursement methodology for miscellaneous codes is generally stated in your contract with the payer or provider manual. Miscellaneous codes are sometimes referred to as Not Otherwise Classified (NOC), Not Otherwise Specified (NOS) or Non-Assigned codes. 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

It is highly recommended to carefully review your contract and provider manual when providing a miscellaneous coded product.

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.

CONTACT US

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CA: https://shop.ottobock.ca
Email your questions to: reimbursement911@ottobock.com

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 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).

[3] Joint DME MAC. Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426). Not Otherwise Classified (NOC) BILLING INFORMATION. Updated March 14, 2023.

[4] Noridian. CMS-1500 Claim Form Crosswalk to EMC Loops and Segments. Updated October 28,2022.