

Reimbursement Support

By Bill Harding, Clinical/Technical Support Team

LCoding Q&A

Is there a printed resource I can use for Ultraflex coding?

The Ultraflex Coding, Coverage, and Payment Guide is the best printed resource available for LCode recommendations regarding Ultraflex bracing. It includes coding recommendations for:

- Adjustable Dynamic Response™ (ADR™) functional/daytime bracing for managing gait deviations
- Dynamic Assist (therapeutic/stretching/night or at rest) bracing for maintaining and increasing muscle length and improving range of motion (ROM)
- Dynamic-Static combination bracing to protect and mobilize the joint at each stage of the post surgical course.

How do I code for the knee and/or ankle Adjustable Dynamic Response™ joints?

Ultraflex ADR™ technology is billable with long established LCodes generally covered by insurance providers where orthotic benefits are available. Please use the Ultraflex Coding, Coverage, and Payment Guide for comprehensive reimbursement support concerning these products.

How do I code for the Ultraflex dynamic assist power unit?

For most claims (other than Medicare) use L2861 (for knee and ankle power units) or L3891 (for elbow and wrist power units).

What is my cost for the Ultraflex dynamic assist power unit?

\$62.50 for uni-directional models; bi-directional models are \$93.75. Lightweight “Pediatric” units are \$107.50.

I have heard orthotists say that they can’t get paid when using Ultraflex, is this true?

This objection only pertains to the Ultraflex dynamic assist power unit.

For patients with either private or public insurance plans, codes L2861 or L3891 should be used whenever the fee schedule lists them.

For patients with Medicaid, at least 50% of State Medicaid programs now accept L2861 and L3891. Most of these programs allow a claim submission for L2861 or L3891 on a manually priced basis. The Medicaid Programs of Texas, Oklahoma, and Wisconsin have posted fees for L2861 and L3891. More states are pending.

For patients with Medicare, L2861 and L3891 are not billable; however, Ultraflex, leading rehabilitation physicians, and advocacy groups are working to change this.

As stated above, Ultraflex ADR™ is billable with long established LCodes. This is also the case for our static/progressive platforms.

Where can I find a Manufacturer's Retail Invoice to submit for a manually priced L2861 or L3891 claim?

A manufacturer's retail invoice can be found in the Ultraflex Coding, Coverage, and Payment Guide Appendix.

What do I do when the insurance provider does not accept L2861 or L3891?

There are some cases where alternate coding may be available in lieu of L2861 or L3891. Examples of this would be using L3730 instead of L3720 for an Elbow Orthosis thereby omitting a separate line for L3891, and using L2220 instead of L2861 for an AFO. With private insurance and some state Medicaid programs, a claims submission using L2999 or L3999 may be an alternative. With Medicare, you cannot currently bill for an orthosis with a concentric adjustable torsion style mechanism based on current medical policy. In light of this, some practitioners have chosen not to provide/bill the power unit. All Ultraflex orthoses, less the power unit, are billable as static orthoses if prescribed for this purpose.

How much would I be reimbursed for a typical custom molded Ultraflex AFO if I did not bill for the power unit?

This depends on several factors, namely the state of the beneficiary and the particular insurer, but in general one could expect reimbursement in the range of \$1,000.00 - \$1,200.00. The cost for a typical AFO CM is \$612.50.

Will I have to bill miscellaneous codes for any features of an Ultraflex orthosis other than the power unit?

In general you will not have to bill miscellaneous codes for the lower extremity but you may for the upper extremity. Addition-coding must describe features of the brace which augment or fine tune functionality to suit a patient's particular need and are not covered in the description of the base code. Unfortunately, the upper extremity codes have not been as well developed by the Centers for Medicare and Medicaid Services (CMS) compared to the lower extremity code set. Upper extremity orthoses may require some miscellaneous codes to describe the complete orthosis. This happens in cases where there are features of the upper extremity orthosis not described adequately by the base code and / or any upper extremity addition codes. Often, a similar feature described by a lower extremity addition code exists. For example, a foam liner for the below knee section of a lower extremity brace is described using L2820 but there is no upper extremity addition code for a foam liner as would be added, for instance, to an elbow brace. In this situation, you would code the foam liner for the section distal to the elbow of an EO with L3999 and say in the description of the feature that it is "like or similar to L2820 but is being used in an elbow orthosis on the below elbow section instead of a below knee section."

What if I have further questions regarding coding for Ultraflex orthoses?

Contact Bill Harding or any other member of the Ultraflex Clinical Support Team at 800-220-6670.



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