

# 7E9 Hip Joint.

## <sup>1</sup>Coding Options.

January 2024

### BASE CODE OPTIONS (select one, not all inclusive)

L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, Sach foot
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, Sach foot

### 7E9 HIP JOINT

<sup>2</sup> L5999	Ottobock 7E9 Hip Joint, Monocentric, Hydraulic Swing and Stance Phase Control, Independently and Individually Adjustable Flexion and Extension Resistance.
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### KNEE OPTIONS (select one)

#### C-Leg



<sup>3</sup> L5856	Microprocessor control feature, swing and stance phase, includes sensors
<sup>3</sup> L5828	Fluid swing and stance phase control
L5845	Stance flexion feature, adjustable
<sup>3</sup> L5848	Fluid stance extension, dampening feature, with or without adjustability

#### Genium

<sup>2,3</sup> L5999	Addition to lower extremity endoskeletal system, Ottobock 3B1-3 Genium 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 67 weatherproof, 5 additional programmable modes.
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#### 3R60

**PDAC Verified as L5814 + L5848**

L5814	Polycentric, hydraulic swing phase control, mechanical stance phase lock
L5845	Stance flexion feature, adjustable
<sup>3</sup> L5848	Fluid stance extension, dampening feature, with or without adjustability






#### 3R106

<sup>3</sup> L5840	4-Bar Linkage or multiaxial, pneumatic swing phase control
L5850	Knee extension assist

**SOCKET ADDITIONS (if used)**

L5626	Test [check] socket, hip disarticulation
L5628	Test [check] socket, hemipelvectomy
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
L5920	Above knee or hip disarticulation, alignable system
L5960	Addition, hip disarticulation, ultra-light material (titanium, carbon fiber, or equal)
L5702	Replacement socket, hip disarticulation, including hip joint, molded to patient model

**FOOT OPTIONS (select one)**

<b>1C30</b>	<sup>3</sup> L5981	Flex-walk system
Trias	L5986	Multiaxial rotation unit
<b>1C50</b>	<sup>3</sup> L5981	Flex-walk system
Taleo		
<b>1C51</b>	<sup>3</sup> L5987	Shank foot system with vertical loading pylon
Taleo Vertical Shock	L5986	Multiaxial Rotation unit
		
<b>1C53</b>	<sup>3</sup> L5981	Flex-walk system
Taleo LP		
<b>1C60</b>	<sup>3</sup> L5981	Flex-walk system
Triton		
<b>1C61</b>	<sup>3</sup> L5987	Shank foot system with vertical loading pylon
Triton Vertical Shock	L5986	Multiaxial Rotation unit
		
<b>1D35</b>	<sup>3</sup> L5979	Multiaxial ankle, dynamic response foot
Dynamic Motion		
<b>1E56</b>	<sup>3</sup> L5981	Flex-walk system
Axtion		
<b>F21</b>	<sup>3</sup> L5981	Flex-walk system
Maverick Xtreme AT		
<b>F22</b>	<sup>3</sup> L5981	Flex-walk system
Maverick Comfort AT	L5986	Multiaxial rotation unit
<b>F23</b>	<sup>3</sup> L5987	Shank foot system with vertical loading pylon
Maverick VS	L5986	Multiaxial Rotation unit
		

## LINERS, SHUTTLE LOCKS, SOCKS OPTIONS (not all inclusive)

### PREFABRICATED LINERS WITH DISTAL CONNECTION

6Y80 Skeo	L5673	Custom/Prefabricated socket insert, silicone gel, elastomeric or equal, for use with lock.
6Y85 Skeo Skinguard TF		
6Y88 Skeo 3D Skinguard TF		

### PREFABRICATED LINERS WITHOUT DISTAL CONNECTION

6Y81 ProSeal (uncovered)	L5679	Custom/Prefabricated socket insert, silicone gel, elastomeric or equal, not for use with lock.
6Y110 Skeo Sealing Liner		
6Y520 Uneo (uniform)		
6Y522 Uneo (tapered, uncovered)		
6Y523 Uneo (tapered, covered)		

### CUSTOM LINERS

#### Uneo Unique Urethane Liners

6Y416 ShapePlus (initial)	L5681	For Initial Liner use: Custom socket insert, for congenital/atypical traumatic amputee, silicone gel, elastomeric or equal, for use with/without lock.
6Y417 ShapePlus (replacement)		
6Y430 AK Standard (initial)		
6Y432 AK Standard (replacement)	L5683	OR For Replacement Liner (same mold) use: Custom socket insert, not for congenital/atypical traumatic amputee, silicone gel, elastomeric or equal, for use with/without lock.

#### Skeo Unique Silicone Liners

6Y716 ShapePlus (initial)	L5681	For Initial Liner use: Custom socket insert, for congenital/atypical traumatic amputee, silicone gel, elastomeric or equal, for use with/without lock.
6Y717 ShapePlus (replacement)		
6Y730 AK Standard (initial)		
6Y732 AK Standard (replacement)	L5683	OR For Replacement Liner (same mold) use: Custom socket insert, not for congenital/atypical traumatic amputee, silicone gel, elastomeric or equal, for use with/without lock.

### SHUTTLE LOCKS

6A20=10, =20 Shuttle Lock	L5671	Suspension Lock (shuttle, lanyard, or equal)
6A30=10, =20 Shuttle Lock		
6A40 MagnoFlex Shuttle Lock		
4R160=1, =2 KISS Lanyard System		

### SOCKS

453D4, D5, D7 Derma Seal	L8417	Sheath/Sock, including Gel cushion layer.
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PROTECTIVE COVERING (if used)		
<b>3S26=L44</b> Cosmetic Foam Cover	L5705	Custom shaped protective cover, above knee
<b>3S27</b> Flexible Foam Cover	L5707	Custom shaped protective cover, hip disarticulation
<b>99B116</b> Soft Touch Stocking	L5964	Above knee, flexible, protective outer surface covering
<b>4X860 + 4P863=* C-Leg Protective Cover + Shield</b>	<sup>2</sup> L5999	Ottobock 4X860=* C-Leg Protective Cover + Shield
<b>4P862 + 4P863=* C-Leg Guard + Shield</b>	<sup>2</sup> L5999	Ottobock 4P862 C-Leg Guard Protective Cover + Shield
ROTATION ADAPTOR (if used)		
<b>4R57, 4R57=ST</b> Rotation Adaptor	L5926	Above knee, hip disarticulation, positional rotation unit, any type <i>Contact <a href="#">Ottobock Reimbursement</a> if your payer does not have this code.</i>
<b>4R40</b> Torsion Adapter	L5984	Axial rotation unit, with or without adjustability (K2 or above for Medicare)

<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 do not replace the Supplier’s judgment. These recommendations may be subject to revision based on additional information or alpha-numeric system changes.

<sup>2</sup> At this time, it is not recommended to bill miscellaneous code L5999 to Medicare for microprocessor knees.

<sup>3</sup> Medicare restricts this code to functional level K3

### Contact Information

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