# TASKA® Reimbursement

## Reference Guide

Fillauer®

# Disclaimer, General Nature of Reimbursement Guide

This Reimbursement Guide (Guide) is intended to provide general information to assist you in invoicing and receiving payment from third-party payers for the provision of the applicable orthotic or prosthetic (O&P) device or component (the Product) you purchase from Fillauer and provide to your patient. However, you as a certified O&P clinician, O&P patient care facility [or DME provider], as applicable (the Provider), are fully responsible for accurately billing for the Product, as well as to establish medical necessity, ensure payer coverage criteria are met, and use appropriate HCPCS codes, modifiers and charges for the applicable Product and related services.

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Your use of the information and advice contained in this Guide is at your sole choice and risk. You should not rely on the provided information or advice as a substitute for, nor does it replace, your own informed judgment and responsibility. Suggested HCPCS coding is provided for reference only. It is your responsibility as the Provider submitting the claim to determine and submit correct coding that conforms with all the established rules and regulations of the applicable payer. We recommend that you contact the applicable payer for coding and coverage guidance prior to delivering the Product to your patient and submitting the related claim. This Guide is based upon what we believe is reasonable judgment regarding coverage and claim submission, but it does not replace your responsibility in that regard as the Provider of the Product to your patient.

The Product information included in this Guide is intended for general information purposes only. It is not intended as advice with respect to the appropriateness of the use of the Product for any particular patient.

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# TASKA® Reimbursement Guide

## Contents

# User Profile

The Taska® is a multi-articulating myoelectric hand suitable for all amputees with amputation at the wrist or higher. It is a robust, waterproof (submersible) terminal device for users with an active lifestyle. The encoded laterally compliant fingers and high-speed thumb rotation give the user the precision needed for fine manipulation in everyday tasks. Break-away clutches deliver durability and robustness not found in other hands. It's designed to be robust and easy to use, and can be used for a wide range of activities of daily living (ADL):

- Medium to heavy activities: Mowing lawns, trimming hedges, washing dishes, doing laundry, cooking
- Activities that involve water: Washing hands, washing dishes, washing a vehicle, walking in the rain, using a garden hose
- Activities that involve hand vibration: Using motorized garden tools, small or medium electric power tools
- Activities that put strain on the hand: Light garden duties, carrying a suitcase, low-impact workshop activities, low-intensity sporting activities

The Taska CX, a smaller, faster version of the hand that may be a good option for people with smaller hands.

# PDAC

The established base code for the externally powered multi-articulating hand covered by Medicare is L6880. Any hand billed with this code must have received PDAC verification to allow coverage of the item. The Taska® Hand has multiple features and benefits that are well beyond the L6880 predicate product and therefore has not been PDAC reviewed or designated to be L6880.

***L6880 Electric Hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s).***

The upper limb prosthetics coding committee further defined L6880 explaining it describes an external-powered terminal device with the following characteristics:

- Can be controlled by any available input device (electrodes, switches, touch pads, etc.)
- Integrates motor(s) to allow for powered flexion/extension of a single digit independent from the flexion/extension of (an)other digit(s)
- Can produce more than one grasp pattern and/or stationary posture

## HCPCS Coding for the Taska Hand

Because the Taska Hand is beyond the predicate L6880 and has not been PDAC verified, the appropriate code for this externally powered hand is L7499-Upper Extremity Prosthesis, not otherwise specified.

**L7499 TASKA® HAND GEN2 | The Taska Hand Gen2 with 6 motors including high speed, powered thumb rotation and multi-articulating fingers may be programmed for proportional or digital control; 23 grip patterns accessible via EMG or push button switch; resettable finger clutches for overloaded joints, and waterproof (submersible).**

**The Taska® Hand GEN2** is a prosthetic device designed for amputation levels at the wrist or above. It employs individually powered, multi-articulating fingers. Each finger flexes and extends independently, and a sixth motor powers high-speed thumb rotation for a wider range of grips. This device provides wrist disarticulation and proximal amputees with improved grasp and dexterity, significantly enhancing limb use. It addresses medical concerns related to limb deficiency and compensatory overuse by enabling proper hand positioning for daily activities, reducing bilateral limb stress. The encoded laterally compliant fingers and high-speed thumb rotation give the user the precision needed for fine manipulation in everyday tasks. Break-away clutches deliver durability and robustness not found in other hands.

Unique for its robustness, even in wet conditions, the Taska Hand doesn't need to be removed in the rain and can be used for washing dishes, cars, or laundry, without a glove. This waterproof feature allows users to perform more tasks indoors and outdoors without fear of damage. The Taska Hand is rated for medium to heavy activities of daily living (ADL), including mowing lawns, using light chainsaws and hedge trimmers, lifting up to 20 kg, light spade work, and operating in high dust environments.

**L7499 TASKA® HAND CX | The Taska Hand CX with 6 motors including high speed, powered thumb rotation and multi-articulating fingers may be programmed for proportional or digital control; 23**

**grip patterns accessible via EMG or push button switch; resettable finger clutches for overloaded joints, and waterproof (submersible). Available in a smaller size than its predecessor, the Taska Hand CX is a good option for people with smaller hands. This model has also added capacitive touch tips. All fingers and the thumb tip are capacitive and can be used on any common touch screen.**

**The Taska® Hand CX** is a prosthetic device designed for amputation levels at the wrist or above. It employs individually powered, multi-articulating fingers. Each finger flexes and extends independently, and a sixth motor powers high-speed thumb rotation for a wider range of grips. This device provides wrist disarticulation and proximal amputees with improved grasp and dexterity, significantly enhancing limb use. It addresses medical concerns related to limb deficiency and compensatory overuse by enabling proper hand positioning for daily activities, reducing bilateral limb stress. The encoded, laterally compliant fingers and high-speed thumb rotation give the user the precision needed for fine manipulation in everyday tasks. Break-away clutches deliver durability and robustness not found in other hands.

Available in a smaller size than its predecessor, the Taska Hand CX is a good option for people with smaller hands. This model has also added capacitive touch tips. All fingers and the thumb tip are capacitive and can be used on any common touch screen.

Unique for its robustness, even in wet conditions, the Taska Hand CX doesn't need to be removed in the rain and can be used for washing dishes, cars, or laundry without a glove. This waterproof feature allows users to perform more tasks indoors and outdoors without fear of damage. It is rated for medium to heavy activities of daily living (ADL), including mowing lawns, using light chainsaws and hedge trimmers, lifting up to 20 kg, light spade work, and operating in high dust environments.

## Product Description / Differentiation

The Taska® Hand has these features and benefits that are beyond the features of the predicate L6880 HCPCS product, therefore, until such time as CMS creates appropriate HCPCS codes and coding guidance, L7499 NOC code remains the Taska recommended HCPCS code:

- Powered rotatable thumb controlled by 6th motor
- Breakaway resettable finger/thumb clutches
- Laterally compliant fingers
- Anti-slip automatic re-grasping thumb
- Quick grip select/disable keypad
- Taska CX adds capacitive touch
- Integrated flexion/extension wrist
- IP-67 waterproof rating
- QWD (quick disconnect wrist w/ option of waterproof seal ring
- Waterproof low-profile wrist option w/ 90 degrees of passive rotation
- Medium to Heavy-duty ADLs

# Benefits to Wearer

## High-Speed Powered Thumb Rotation

An additional powered degree of freedom, powered rotation of the thumb around the longitudinal axis of the hand provides several very different functional grasps such as tripod grip, lateral pinch (key grip), a precision pinch, and many others.

The hand is required to hold an infinite number of shapes from cylindrical glasses, spherical balls, oblique shapes such as eggs, keys, clipboards, and the list is endless. The human hand has evolved, and ergonomic shapes are designed with these grasping patterns of the hand in mind. A prosthetic hand must mimic these motions.

To change from opposition, e.g., tripod or a finger and thumb precision grip, to a lateral pinch, e.g., key grip, the thumb must rotate around the longitudinal axis of the hand. This can be accomplished either passively or powered with a 6$^{th}$ motor.

Powered rotation allows changing grip patterns without the use of the contralateral extremity or passively pushing against a body part or nearby object. This allows the wearer to grasp a variety of objects securely, without compensatory body motions.

## Breakaway / Resettable Finger / Thumb Clutches

The Taska hand has specially designed breakaway resettable finger clutches in the fingers and thumb that release when overloaded and can be easily reset by power cycling the hand.

These clutches will allow lifting of up to 50 lbs (23 kg). When overloaded, the clutches break away, preventing damage to the fingers, the hand, or the wearer.

When the Taska hand is exposed to forces that may damage the hand or injure the wearer, the clutches in the fingers release. This can commonly happen when pushing up from a chair, lifting a heavy suitcase, or in a fall when the hand is outstretched. Once the clutches are released, the wearer simply power cycles the hand so the clutch will snap into place, resetting itself.

## Laterally Compliant Fingers / Flexi-Tool Grip

The four laterally-compliant fingers of the Taska hand are mounted in such a way to allow side-to-side motion. This side-to-side motion facilitates tool placement between the fingers and provides secure gripping of objects.

Throughout the day, wearers are constantly bumping into objects, and other people. The compliance of the fingers absorbs that shock. This prevents damage to the hand, and the impact is not as noticeable to the wearer or others.

Flexi-Tool grip, unique to the Taska Hand, works in conjunction with this lateral finger compliance which allows tools to be held between the fingers in such a way to allow high force on the tool. This unique grip is excellent for tasks such as holding a knife to cut meat and other food.

## Anti-Slip Function

The anti-slip safety feature prevents a terminal device from inadvertently dropping an object. When anti-slip has been enabled and an object has been grasped, the Taska hand actively pulses the thumb motor in the close direction several times per second. Should the thumb close slightly (which is detected by active sensors in the thumb), a “slip” is detected. A detected slip results in the immediate re-gripping of the object by all digits until a grasp has been completed. This provides the wearer additional grip security.

## Quick Grip Selection / EMG Disable Keypad

A three-button keypad on the back of the hand gives the wearer quick, easy access to either grip patterns or to disable EMG triggers.

Operating a myoelectric hand can be overwhelming for a wearer, especially a new user. The Home button allows the wearer to access the three most common grips at the touch of a button. This allows frustration-free access to those grips.

The Hand button allows the wearer access to other grips that he/she finds useful. This may include important grips that are also accessible with EMG Triggers, and the ability to add up to 5 additional grips.

Many times, the wearer may inadvertently hit EMG Triggers or be engaged in a task where they require 100% confidence that the hand will not change grips. These may include holding a pot of boiling water or fine motor functions such as bead work. The EMG button can be used to disable EMG Triggers. The wearer now knows the hand will stay in the chosen grip.

This button may alternately be used to put the hand to “sleep”. In this case, the hand will remain closed on an object until the button is pushed a second time. With this, the user knows they will not drop the pot of boiling water.

## Taska® Hand CX Capacitive Touch

All fingers and the thumb tip are capacitive and can be used on any common touch screen.

## Integrated Flexion / Extension Wrist

The integrated flexible wrist has three lockable positions or free flexion mode. The flexion/extension wrist has capability to flex, allowing the end user to be able to maneuver terminal devices and tools into a safe, comfortable position for use without distorting their body to do so. Once an object is grasped, flexion and extension allow for more natural manipulation and placement, further reducing stress and increasing stamina.

## Waterproof (Submersible) Multi-Articulated Hand

In addition to these standard features of a multi-articulating hand, the Taska hand is IP67 dust proof/ waterproof. This allows for use in dusty environments and submersion in water.

No other multi-articulating hand is waterproof and dust-tight. To make the claim of IP67 waterproof and dust-proof, the hand was independently tested and certified in compliance with IEC 60529-level IP67 (defined by the International Electrotechnical Commission). This level of certification requires the device to be submersed to one meter for 30 minutes.

The washing of hands is integral in daily life. It is important for cleanliness and to prevent the spread of disease. Hand washing is required of healthcare workers and employees in the food service industry. A water-resistant device that can be washed under a stream of water, just as a human hand, allows a person with an upper limb amputation to return to a job as a nurse or chef. Indeed, it allows for personal hygiene, important to everyone.

Specific activities also might include cooking, washing the car, or giving a child a bath.

## Taska Waterproof Seal Ring for Quick Disconnect Wrist

With the waterproof Seal Ring, the Taska is submersible even at the wrist. Previously, users could only submerse the terminal device as the quick disconnect wrist is not waterproof. This could cause trepidation on a rainy day, fear when doing dishes or large pots and pans and just a general concern around water. With the Taska Seal Ring, the device can now be used with confidence in most situations around water.

The ring meets IP67 waterproof standards, meaning it resists leakage to a 1-meter depth of water for 30 minutes. To achieve this level of performance, a silicone ring is configured in such a way to seal with the forearm wrist unit. The collar maintains this waterproof seal even during active rotation with an electric wrist rotator.

## Waterproof Low-Profile Wrist Option with 90° Passive Rotation

In cases of wearers with a long residual limb, the length of the limb, plus the length of the components, can easily result in a prosthesis longer than the opposite limb. A long prosthesis may also place the terminal device outside the work envelope resulting in difficulty in using the prosthesis. The 3/8 inch shorter low profile wrist brings the Taska hand back to a more functional position.

The Taska low profile wrist has the added advantage of providing 90 degrees of passive rotation. Additionally, the ability to immerse the prosthesis further into water is very beneficial to wearers when bathing a large dog or washing large pots and pans.

## Classified for Medium to Heavy-Duty ADLs

While most multi-articulating hands are designated for light to medium-duty activities, the Taska hand, with it's 20 kg maximum carry load, is rated for medium to heavy-duty ADLs.

# Standard Warranty and Extended Warranty Options

The Taska® Gen2 hand has a 3-year limited warranty for defects and errors in workmanship or accidental damage from impacts or water that did not exceed the guidelines for appropriate use.

The Taska® CX hand has a 2-year limited warranty for defects and errors in workmanship or accidental damage from impacts or water that did not exceed the guidelines for appropriate use.

All other Taska products are guaranteed for 2 years except Taska batteries and Seal Rings.

Taska batteries or Seal Rings are guaranteed for 1 year.

An extended guarantee is available for purchase, which can expand the coverage of a hand for up to 5 years if purchased within 6 months of the purchase date.

Annual service is provided with each year of warranty.

# FDA Status

Under FDA's regulations, the Taska hand is a Class I medical device exempted from the pre-market notification [510(k)] requirements. Given the low risk of Class I medical devices, the FDA determined that General Controls are sufficient to provide reasonable assurance of the device's safety and effectiveness. The Taska hand is appropriately FDA registered under External Limb Prosthetic Component; Section 890.3420; Product Code IQZ.

# Reason for the Guide

This Taska® Hand reimbursement guide is designed to aid prosthetic providers by reducing their administrative burden. It achieves this by:

## Clarifying Product Differentiation

The guide clearly outlines the differences and benefits of the Taska Hand, helping providers make informed decisions about which products best meet their patients' needs.

## Standardizing Information

By outlining standards in key information to be communicated to payers, the guide promotes consistency and efficiency in billing and reimbursement processes. This reduces the time and effort providers spend on navigating complex authorization, billing, and appeal systems.

## Promoting Transparency

The guide fosters transparency among healthcare providers, insurers, and patients, ensuring all parties have a clear understanding of the Taska Hand, its costs and payer coverage considerations.

## Ensuring Compliance

By aligning with existing regulations and policies, the guide helps providers remain compliant, reducing the risk of errors and potential penalties.

## Assisting Patients

The guide aids patients by helping providers navigate coding and coverage policies, facilitating access to high-quality prosthetic components. This ultimately enhances patient care and satisfaction.

By addressing these key areas, the reimbursement guide serves as an invaluable resource for prosthetic providers, enabling them to focus more on patient care and less on administrative tasks.

# Patient Evaluation, Coverage, Coding & Compensation

Collecting information from the patient prior to their initial visit with the Prosthetist can make the evaluation visit more efficient and productive. Provided with this information from the patient, the Administrator and the Prosthetist can prepare for the clinical evaluation.

## Pre-Visit / Consult with Patient

Prescription (if already ordered)

Copy of Patient's ID and insurance card(s)

Intake paperwork (which should include);

- Medical history
- Prosthetic history/status
- Patient's prior and current activities
- Patient's living environment and support system

Collect information from the patient's rehab team

- Physician (prescribing) and other recent relevant Physician appointments
- OT/PT
- Attorney
- Case manager or Power of Attorney (POA)

Assist or instruct Patient to collect their Certificate of Insurance / Evidence of Coverage / Summary Plan Description or Summary Plan Document (SPD) (you may need to help the patient navigate their members only area of the plan website to obtain this document or contact their HR department for assistance.)

# Prior to Initial Clinical Evaluation

## Prosthetist Pre-Visit Steps

Consider and develop alternate treatment plans/options.

- Consider compatibility with other necessary components (higher level amputations)
- Research how each treatment option functions differently than the others

Collect Manufacturer quotes and sample devices for patient demonstration.

Create preliminary coding selection. *(Note: changes to this selection will require changes to the Standard Written Order (SWO), the Service Estimate and Patient Financial Responsibility documents.)*

Determine necessary target reimbursement amount and subsequent billed amount for NOC codes.

Once Administrator has collected the Payer Coverage Policies, the Prosthetist should review for specific documentation requirements and coverage considerations.

Once Administrator has collected the Physician records and other treating provider records, the Prosthetist should review and ensure coverage requirements are met in the Physician medical record. ***See Appendix: Physician Documentation Guidance***

## Administrative Pre-Visit Steps

Request Physician and other pertinent healthcare provider records for Prosthetist review.

Collect the clinical coverage policies from the payer sources' websites.

Review the Payer Coverage Policies and communicate specific documentation requirements and coverage considerations to the Prosthetist.

Review the Certificate of Insurance/Evidence of Coverage and identify any coverage exclusions or limitations to the Prosthetist and preview the authorization and appeal process.

Review Physician and treating provider records as they are received for medical necessity documentation requirements.

Once the Prosthetist has developed the coding recommendation the Administrator can:

Perform benefit verification to determine:

- Eligibility
- Patient cost shares
- Coverage
    - Ensure all the requested codes valid and billable (especially NOC)
    - Give the base code specifically and ask about coverage requirements

- Identify any exclusions, limitations, or special conditions related to the base code or the additions (especially for myoelectric)
- Discover which payer clinical coverage policies apply
- Determine if pre-authorization required. If it is not, discover if pre-determination is allowed
- Are any third-party pricing agreements employed by the payer in addition to their own contracts for claim processing?
- In cases where the patient may want to pay for an upgrade, ask if upgrades are allowed and where that process is outlined

Determine reimbursement methodology for NOC codes (contractual, historic experience, provider relations)

Once coding is finalized, prepare Standard Written Order, service estimates and patient financial responsibility documents (this step may occur after initial evaluation appointment)

- If there is an ABN or financial liability waiver, prepare the documentation

# Prosthetist Clinical Evaluation

The following information constitutes a thorough Upper Limb prosthetic evaluation to support coverage of the prosthesis:

## Subjective / Reason for Visit / Review and Record Intake Form Information into Prosthetist Record

General and Amputation Information

- Patient demographics: name, DOB, gender, marital status, veteran, date of evaluation
- Evaluation location
- People present
- Date, level, and side of amputation
- Cause of amputation
- Treatment Team: Physician, Therapist, Case Worker, Attorney

Home Environment

- Physical
- Who else lives with patient? What are their responsibilities? Do they have a support system?

Employment Status & Work Activities

- Are they employed?
- What is their job and its requirements?

Functional Activities - focus on gripping, grasping, pinching, holding, carrying, pushing, pulling, releasing, etc.

- Activities prior to amputation and what would they like to return to?
- Current functional activities and deficits
- Potential future activities (if these differ from prior activities, explain)

Patient Goals / Objectives for Prosthetic Service

- Function, cosmesis, activities, etc.
- Motivation and desire for prosthetic intervention
- Willingness to attend OT training

Prosthetic Services History

- Existing, prior, and dates dispensed
- Satisfaction and experience with each

## Objective

Inspection of Existing Prosthesis

- Description of each component, the condition, and the performance for the patient

Medical History

- Musculoskeletal, neurological or cardiopulmonary conditions or other co-morbidities that could affect prosthetic use

Physical Exam

- Recent changes to height and weight
- Pre-amputation hand dominance
- Range of motion testing
- Residuum evaluation and anthropometrics
- Myo-testing results
- Outcome measures: DASH, TAPES, OPUS, etc.

## Assessment

Prosthetist Functional Assessment / Deficits / Objectives

Presentation of Prosthetic Options and Expectation Setting

- Discuss appropriate options with patient presenting pros and cons

## Plan

Develop Treatment Plan

- Prosthetic recommendation
- Determine appropriate coding and defend necessity of NOC codes in note
    - Include the rationale for your decision and ensure all payer clinical coverage policy criteria have been addressed in your rationale
    - Add medical necessity justifications for each code to be billed in notes
        - Outline medical necessity
    - Explain why other options were eliminated

Review Physician and Other Treating Provider Records with Patient

Inform Patient of Next Steps

- Future appointments to expect
- Information still needed from the patient - financial responsibility
- Information still needed from patient's other providers (addendums / new visits)

- Timeline for authorization / fitting / delivery
- Possibility of denials / appeals
    - Review any payer obstacles pertinent to this patient (limitations / exclusions / policies)

Signature

- The visit note must be authenticated with the name and credentials of the author and the date signed

## Post Initial Evaluation Information Required by Administrator

Finalize coding recommendations / justifications for HCPCS code selections

***See Appendix: Coding Descriptors***

Review evaluation note for completeness, sign and complete the note

Supply COGS for NOC codes / for complete service

Supply Target reimbursement for NOC codes / for complete service

Are additional Physician notes required to support medical necessity? Does this require an addendum or new visit?

## Administrative Steps After Clinical Evaluation

Repeat benefit verification if coding has changed significantly to impact it

Create Standard Written Order (SWO) and send to prescribing Physician for signature

Request any required or missing Physician or other treating provider documentation

Set pricing for NOC codes. ***(Refer to 'Pricing Considerations for NOC Codes')***

Create service estimate for authorization

Create patient financial responsibility documents

## Pricing Considerations for NOC Codes

It is critical to know how the payer will calculate reimbursement for NOC codes before you determine the correct pricing to submit for your claim and and predict your expected reimbursement.

If the methodology for determining reimbursement for NOC codes is not delineated in your participating provider agreement, or in regulations (such as state worker's compensation or Medicaid programs), then the information will either need to be obtained from the payer's provider relations, or you may have historical knowledge of how to expect NOC codes to be handled from prior claims history.

Another issue to identify is whether the payer might employ any secondary discounts via accessing third-party PPO pricing agreements (silent PPO e. g. Multiplan, etc.). This can reduce reimbursement unexpectedly if the payer is entitled to take a secondary discount you didn't consider in your service pricing. You can ask at benefit verification if the payer utilizes any third-party network pricing agreements in addition to its own contract. ***See Appendix: Billing Miscellaneous Codes***

# Authorizations & Appeals

Thoroughly review the authorization packet documentation for completeness, ensuring coverage requirements are met and all requested codes are listed on the Standard Written Order (SWO).

## Basic Elements of the SWO

Elements that are required in the SWO:

- Beneficiary's name
- Physician's name
- Physician's NPI
- Date of the order (date the order is first given)
    - *If the supplier creates the order, two dates are required to be listed on the order - the order date (dispensing order date - if SWO will be signed by same prescriber) and the signature date.*
- Detailed description of the item(s)
    - *Including HCPCS code and code narrative.*
- Physician signature and signature date

Elements that can be added to the SWO but are not required:

- Date of birth
- Diagnosis
- Applicable ICD 10 Diagnoses
    - Q71.00-q71.93 reduction deformities of upper limb
    - S48.011as48.929S traumatic amputation of shoulder and upper arm
    - S58.011as58.929S traumatic amputation of elbow and forearm
    - S68.011as68.729S traumatic amputation of wrist, hand and fingers
    - Z89.121-z89.239 acquired absence of limb
- Justification for the item

## Necessary Elements to Include When Items Are Provided on a Periodic Basis

Frequency of use

Length of need

Quantity to be dispensed

## Physician Records

Physicians are responsible for creating medical necessity, as defined in the following:

- Sec. 50402 of the Bipartisan Budget Act of 2018: Orthotist's and prosthetist's clinical notes are part of the patient's medical record:
    - *For purposes of determining the reasonableness and medical necessity of orthotics and prosthetics, documentation created by an orthotist or prosthetist shall be considered part of the individual's medical record to support d*ocumentation created by eligible professionals described in section 1848(k)(3)(b).
- Section 42 USC 1848(k)(3)(b) states:
    - *Physician records shall be considered part of the individual's medical record to support documentation created by eligible professionals described in section 1848(k)(3)(b). The term eligible professional —the term "eligible professional" means any of the following:*
        - A physician.
        - A practitioner described in section 1842(b)(18)(c).
        - A physical or occupational therapist or a qualified speech-language pathologist.

Review the physician records against the elements in ***Appendix: Physician Documentation*** to ensure medical necessity is demonstrated for the prosthesis and any features that led to its unique selection.

Request addendums or additional visits (if necessary).

Review records from any other eligible practitioners that could help support medical necessity.

## Prosthetist Records

Prosthetist records are considered part of the medical record.

- Prosthetist records can only support and elaborate the information created by eligible professionals (as defined above).
- These records should summarize and document the pertinent information gathered from the eligible professionals' record.
- These records can explain the necessity of specific component/prosthetic design choices.

Review the Prosthetist record to ensure the medical necessity for the prosthesis is explained ***(Refer to Prosthetist Clinical Evaluation on page 16).***

- Document the replacement reason for each major component device, or the specific part being replaced.

If the prosthesis is a replacement, you must also have physician-created medical necessity for why the prosthesis must be replaced:

- A change in the physiological condition of the beneficiary; or
- Irreparable wear of the device or a part of the device; or

- The condition of the device, or part of the device, requires repairs and the cost of such repairs would be more than 60% of the cost of a replacement.

### Service Estimate

Ensure all requested codes are correct and priced with the appropriate billed amount.

## Compile Authorization Packet for Submission

The Authorization Packet consists of the following:

- Any payer specific required cover form
- SWO (physician orders)
- Physician records
    - Contemporaneous records (surgical, radiology, therapists)
- Prosthetist records (typically initial evaluation note)
- Service estimate

When the authorization is received, review this against SWO to ensure each code requested is on the authorization.

***If authorization is denied, skip to the Respond to Denials/Manage Appeals section on page 25.***

## Clinical Prosthetist Appointments Following Initial Evaluation

Following initial evaluation, the Prosthetist will be documenting the following appointments:

## Measurements and Casting

Subjective: Does the prosthetist have new information or changes to patient's health, condition, or goals? It would be relevant to document the status of prior authorization process.

Objective: If significant time has passed between the initial evaluation and the measurement/casting stage, it is prudent to repeat measurements and document the results at this visit.

Assessment: All scanning or casting techniques used should be noted. Additionally, any specific considerations or concerns for fitting should also be documented.

Plan: All instructions for fabrication of the test socket should be documented. Notes should also include the projected time frame for next steps.

## Diagnostic Fitting

Subjective: Does the prosthetist have new information or changes to patient's health, condition, or goals?

Objective: During fitting, it is pertinent to observe the fit and function of device and document the findings.

Assessment: Does the device fit appropriately or do modifications need to be made?

Plan: Document the next steps and time frame, specifying if there is a need for second test socket or if patient is ready for a definitive socket.

## Delivery Appointment

At the delivery appointment, a Prosthetist should thoroughly document various details to ensure proper patient care, follow-up, and compliance with regulations:

Patient Information

- Full name, date of birth, and identification number
- Relevant medical history and conditions
- People in attendance
- Location of delivery

Prosthesis Details

- Type of prosthesis delivered (e.g. upper limb, type of socket, wrist, terminal device, covering, etc.)
- Manufacturer, model (SKU), and serial number
- Specific components and materials used
- Any custom modifications or adjustments made

Fit and Alignment

- Description of the initial fit and alignment of the prosthesis
- Patient's feedback on comfort and fit
- Adjustments made during the appointment (if any)
- Device performance results (if applicable)

Patient Education

- Instructions provided on how to don/doff the prosthesis
- Training guidelines for prosthesis use (including any special techniques or considerations)
- Care and maintenance instructions (e.g. cleaning, storage, component inspection)
- Discussion of potential issues (e.g. skin irritation, mechanical wear)

Wear Schedule

- Recommended initial wear schedule
- Recommended increase in wear schedule (as tolerated)
- Any restrictions or special instructions

Follow-Up Plan

- Schedule for follow-up appointments
- Specific concerns or areas to monitor in the follow-up
- Contact information for any issues that arise before the next appointment

Patient's Functional Outcome

- Patient's ability to perform specific tasks or activities with the prosthesis
- Any difficulties or limitations noted during the session
- Functional goals established with the patient

Patient (or Designee) Signed Proof of Delivery (POD)

- POD must include:
    - Beneficiary's name
    - Delivery address
    - Description of the item being delivered
        - *The description can be either a narrative description (e.g. externally powered transradial prosthesis, etc.), a HCPCS code (the long description of a HCPCS code is commonly used), or a brand name/model number.*
    - Quantity delivered
    - Date delivered
    - Manufacturer information
        - *Serial number, part number, model number, manufacturer name, brand name, etc.*
    - Signatures
        - *Beneficiary (or designee) signature*
            - Documentation of patient understanding and consent for the prosthesis
            - Acknowledgment of receipt of the prosthesis and related instructions
            - Acknowledgment of warranty

# Billing the Claim

It is recommended (as best practice) to recheck benefit verification prior to delivery of the service.

### Review Claims Prior to Submission

Thoroughly review and scrub claim for the following details:

- Patient demographics
- HCPCS and ICD-10 coding
- Accurate payer to be billed
- Authorization number
- Physician notes
- Practitioner notes
- Proof of delivery
- Required invoices

Often, even after prior authorization is received and the claim is processed, it may need to be appealed as an underpayment of the NOC code. ***See Appendix: Billing Miscellaneous Codes.***

Proceed with standard follow-up procedures.

# Denial Response Process

Upper limb prosthetics experience higher number of denials due to:

- Lack of established upper limb prosthetic coverage policies
- Use of NOC codes
- Perceived high-dollar amount of claim

### Managing Denials and Appeals

Ensure your practice has a mechanism for tracking and follow-up and to manage denials and appeals.

When a denial is received:

- Log the date of the denial
- Log the deadline for the appeal
    - Set a reminder (or task) to ensure you do not miss appeal deadlines
- Note the denial reason
- Note the address to send the appeal

Locate the appeal process (policies & procedures) for the Payer who denied the claim.

Typical appeal process:

- Level 1 appeal (internal to Payer)
- Level 2 appeal (internal to Payer)
- Independent external review (external to Payer)
    - Some payers have a policy of denying internally and waiting to cover only those required by the external review.
    - Some plans may vary (especially Medicare Advantage Plans) so it is important to confirm the process to appeal each denial.

The timeline to complete the appeal process can be significant (as long as a year) for upper limb prostheses that proceed through all three appeal levels. Providers can shorten this timeline by quickly responding to denials.

Payers are typically allowed 30-45 days to respond to each level of appeal.

Define the Denial Reason

- If the denial reason is based on a clinical coverage policy, review that section of the policy.
- If the denial is based on coverage exclusion, review the specific language in the summary plan documents.
- If the denial reason is based on medical necessity or experimental/investigational, review the definitions of those terms in the summary plan documents and the payer coverage policies (summary plan document takes precedence in the case of a conflict or difference).

Compare the denial reason to the patient's medical record, their summary plan documents (SPD), and the Payer clinical coverage policies.

Formulate written arguments for coverage based on the Payer's coverage obligations and patient's needs, using support from the Payer language (as per the SPD or clinical coverage policies and as evidenced in the patient medical record).

For additional information on writing appeal arguments, refer to ***Appendix: Common Denial Reasons, Responses, and Evidence.***

## Prepare and Submit the Appeal Packet

The Appeal Packet will contain the following:

Any payer-required appeal cover form or electronic submission

- Cover letter content
    - The identity of the appellant (provider, patient representative with signed appointment of representative form)

- Date and method of denial (EOB, pre-service denial)
- Acknowledgment of timely filing deadline and statement of compliance
- Restatement of the denial reason
- Identification of all the reasons you disagree with the denial
- Present the evidence that your reasons are valid
- A specific request for the reviewer
- Signature block with contact information

Completed appointment of representative form (when required)

Copy of prior authorization (if received)

Copy of denial (letter or EOB)

Published literature/evidence (if relevant)

Patient medical record

- Physician orders (SWO or dispensing RX (if appropriate))
- Physician records
- Contemporaneous eligible provider records (OT/PT or other Physicians)
- Prosthetist records
- Proof of delivery

ABN or liability waiver (if appropriate)

## Appeal Follow-Up

Submit the appeal via a trackable method

- Follow up with the Payer to ensure the appeal was acknowledged as received (allow 10 business days).
- Set a reminder (or task) to ensure prompt follow-up.

Record the date the Payer received the appeal to ensure a timely appeal response is received by the appellant.

- Set a reminder (or task) to ensure appeal response is received within the expected time frame.
    - The appeal process will specify the length of time a Payer has to review and respond to an appeal.

- Follow up with the Payer if response is not received timely.

If a second denial is received, repeat the denial response process.

- Commercial Payers often have internal guidance to deny two times, which delays and discourages coverage requests.  Often, the denial will not be overturned until independent external review, so it is best practice to move quickly to external review.
- Ensure your response addresses any new denial reasons or incomplete information and then submit the next level appeal.

When an overturn is received via external review, clarify whether the payer will now issue a prior authorization, or if the independent external review (IER) serves as the authorization.

- Review any payer provided authorization for completeness prior to delivery.

Re-verify benefits and eligibility.

Proceed to delivery.

# Appendix: Taska Functional Activities

| Feature | Wearer Benefit | Example ADL's Impacted |
|---|---|---|
| Powered rotatable thumb controlled by 6th motor | Powered thumb rotation is necessary for completion of multiple ADL's throughout the patient's day, including quick grip changes to accomadate differently shaped objects needed for nutrition, hygiene, and safety. Powered thumb rotation ensures that the user does not need to reach over with the contralateral hand which would force them out of the "work envelope" during bimanual activity. | Allows access to tripod grip, lateral pinch (key grip), a precision pinch and many others because of the rotation of the thumb around the longitudinal axis of the hand. Examples include: transferring objects from the fridge to a workable space, grasping different shaped levers on machinery, or working on an assembly line with repetitive grip changes to accomodate efficient performance. |
| Breakaway resettable finger / thumb clutches | Finger clutches in the fingers and thumb will release when overloaded, and can be easily reset by power cycling the hand. These clutches will allow lifting of up to 50 lbs (23 kg). When overloaded, the clutches break away preventing damage to the fingers. | Forces that might cause overload include pushing up from a chair, lifting a heavy suitcase or a fall with the hand outstretched. |
| Laterally compliant fingers | The four laterally-compliant fingers of the Taska hand allow side-to-side motion which facilitates tool placement between the fingers and provides secure gripping of objects. Flexi-Tool grip, unique to the Taska Hand, works in conjunction with this lateral finger compliance which allows tools to be held between the fingers in such a way to allow high force on the tool. | Allows tools to be held between the fingers in such a way as to allow high force on the tool. Excellent for holding a knife to cut meat and other food. |
| Anti-slip automatic re-grasping thumb | Anti-slip provides users the confidence that they can carry, manipulate, and secure objects during normal ADL's. Confidence with upper limb prosthetic users is very important initially and throughout lifetime use. Anti-slip ensures users don't inadvertently drop glasswear, delicate objects, etc., while navigating their daily routine. | Examples include handling glassware, delicate objects, tools. |

| Feature | Wearer Benefit | Example ADL's Impacted |
|---|---|---|
| Quick grip select / disable keypad | Quick grip select is used by many users to change preset grips. Users are able to instantly select or cycle through up to 8 grip patterns do accomodate different ADL's. The EMG disable button can be used to disable EMG triggers to prevent inadvertent grip changes or disable all signals to the hand. This is a widely used feature that increases confidence. | Examples include: handling pots of boiling water; holding a drink at a cocktail party while talking with hands/ carrying/ holding an object for long periods of time/ reaching above head are all examples of periods where accidental signals could drop objects. |
| Taska CX adds capacitive touch | CX can be used with a "Touch Screen" | Capacitive touch on all digits facilitates scrolling. Many vocations require use of mobile device and or touch screen monitors. |
| Integrated flexion/ extension wrist | The flexion/extension wrist has capability to flex, allowing the end user to be able to maneuver terminal devices and tools into a safe, comfortable position for use without distorting their body to do so. Once an object is grasped, flexion and extension allow for more natural manipulation and placement, further reducing stress and increasing stamina. | Reach low, midline and high objects. Lock button to prevent accidental movements. Important for hygine and working around the contours of the head, neck, face. Grasp cutlery securely and cut food with ease. |
| IP-67 dust proof / waterproof rating | Tested to be in compliance with IEC 60529-level IP67 (defined by the International Electrotechnical Commission). This level of certification requires the device to be submersed to one meter for 30 minutes. | Required hand-washing healthcare occupations, food service, personal hygiene, cooking, washing a car, bathing a child. |
| QWD (quick disconnect wrist w/ option of waterproof seal ring) | Submersible even at the wrist. A silicone ring is configured in such a way to seal with the forearm wrist unit. The collar maintains this waterproof seal even during active rotation with an electric wrist rotator. | Allows waterproof submersion of the wrist and forearm. Activities that submerse hand into deeper water: deep sink, fish tank, etc. |
| Waterproof low-profile wrist option with passive rotation | The 3/8 inch shorter low profile wrist brings the Taska hand back to a more functional position. The Taska low-profile wrist has the added advantage of providing 90 degrees of passive rotation in the Gen2 LP model, and up to 300 degrees of passive rotation in CX model. Additionally, the ability to immerse the prosthesis further into water is very beneficial to wearers. | Brings device back into the functional work envelope. Allows waterproof submersion of the wrist and forearm. Activities that submerse hand into deeper water: deep sink, fish tank, etc. |

| Feature | Wearer Benefit | Example ADL's Impacted |
|---|---|---|
| Medium to Heavy-duty ADLs | While most multi-articulating hands are designated for light to medium duty activities, the Taska hand, with it's 20 kg maximum carry load, is rated for medium to heavy-duty ADLs. | **Examples of appropriate use**<br><br>Your TASKA Hand can be used for a wide range of Activities of Daily Living (ADL) (please refer to ***Limits of Use*** for further information on the limits for these activities), for example:<br><br>Activities that involve getting your hands wet or putting them in water for a short time: washing hands, washing dishes, washing a vehicle, walking in the rain, using a garden hose.<br><br>Activities that involve some hand vibration: using motorized garden tools such as lawn mowers, hedge trimmers, and line trimmers; using small to medium electric power tools such as drills, light-duty saws, and angle grinders.<br><br>Activities that put some strain on the hand: light garden duties, carrying a suitcase, low-impact workshop activities, low-intensity sporting activities.<br><br>Normal daily activities: eating and drinking; picking up small objects with precision; shaking hands; using electronics such as mobile devices, computer mice, keyboards,and cameras; dressing; household tasks such as cleaning, vacuuming, ironing, and bed making; driving a vehicle; and much more.<br><br>**Examples of inappropriate use**<br><br>Your TASKA Hand is not designed to be used for activities that involve a lot of vibration, impact, or force to the hand. If you use your TASKA Hand while doing the following activities, you may invalidate the warranty:<br><br>Activities that involve using high-impact tools such as hammers, impact wrenches, or hammer drills; using heavy-duty machinery such as chain saws and reciprocating saws; deliberately hitting the hand against hard surfaces; weightlifting; high-intensity, adventure, or contact sports.<br><br>Using firearms:<br><br>Do not use your TASKA Hand to operate firearms. |

# Appendix: Coding Guidance

| Category | HCPCS |
|---|---|
| **Base Code Options (includes Socket, Forearm, Humeral Section, Shoulder Bulkhead, Cables, Batteries, Charger and Switch/Myoelectric Control)** | |
| Below Elbow Myoelectric | L6935[1] |
| [1] For trans-radial; for other levels of amputation use appropriate L-code | |
| **Terminal Device** | |
| The Taska Hand Gen2 with 6 motors including high speed thumb rotation and multi-articulating fingers may be programmed for proportional or digital control; 23 grip patterns accessible via EMG or push button switch; resettable finger clutches for overloaded joints, and waterproof (submersible up to the wrist without the addition of the waterproof seal ring). | L7499 |
| The Taska Hand CX with 6 motors including high speed thumb rotation and multi-articulating fingers may be programmed for proportional or digital control; 23 grip patterns accessible via EMG or push button switch; resettable finger clutches for overloaded joints, and waterproof (submersible up to the wrist without the addition of the waterproof seal ring). This model has added capacitive touch tips. All fingers and the thumb tip can be used on any touch screen. | L7499 |
| **Socket Additions** | |
| Test Socket BE/WD (x2 @ $ 392) | L6680 |
| Frame Type Socket BE/WD | L6687 |
| Ultralight (titanium, carbon fiber or equal) BE/WD | L7400 |
| Acrylic lamination BE/WD | L7403 |
| **Wrist** | |
| Integrated Flexion/Extension Wrist | L6621 |
| Quick Disconnect Collar | L6629 |
| **Wrist Optional Additions** | |
| Low Profile, Passive Rotation, Waterproof Wrist | L7499[2] |
| [2]Replaces L6629 | |
| Waterproof Seal Ring for QWD (typically a non-covered feature) | L7499 |
| **Optional** | |
| Addition, extended warranty up to maximum of 5 years | L7499 |

# Appendix: Coding Descriptors (pending confirmation from Fillauer)

**L7499 TASKA® HAND GEN2**

**Justification: The Taska® Hand GEN2** is a prosthetic device designed for amputation levels at the wrist or above. It employs individually powered, multi-articulating fingers. Each finger flexes and extends independently, and a sixth motor powers high-speed thumb rotation for a wider range of grips. This device provides wrist disarticulation and proximal amputees with improved grasp and dexterity, significantly enhancing limb use. It addresses medical concerns related to limb deficiency and compensatory overuse by enabling proper hand positioning for daily activities, reducing bilateral limb stress. The encoded laterally compliant fingers and high-speed thumb rotation give the user the precision needed for fine manipulation in everyday tasks. Break-away clutches deliver durability and robustness not found in other hands.

Unique for its robustness, even in wet conditions, the Taska Hand doesn't need to be removed in the rain and can be used for washing dishes, cars, or laundry without a glove. This waterproof feature allows users to perform more tasks indoors and outdoors without fear of damage. The Taska Hand is rated for medium to heavy activities of daily living (ADL), including mowing lawns, using light chainsaws and hedge trimmers, lifting up to 20 kg, light spade work, and operating in high dust environments.

**L7499 TASKA® HAND CX**

**Justification: The Taska® Hand CX** is a prosthetic device designed for amputation levels at the wrist or above. It employs individually powered, multi-articulating fingers. Each finger flexes and extends independently, and a sixth motor powers high-speed thumb rotation for a wider range of grips. This device provides wrist disarticulation and proximal amputees with improved grasp and dexterity, significantly enhancing limb use. It addresses medical concerns related to limb deficiency and compensatory overuse by enabling proper hand positioning for daily activities, reducing bilateral limb stress. . The encoded laterally compliant fingers and high-speed thumb rotation give the user the precision needed for fine manipulation in everyday tasks. Break-away clutches deliver durability and robustness not found in other hands.

Available in a smaller size than its predecessor, it's a good option for women or people with smaller hands. This model has also added capacitive touch tips. All fingers and the thumb tip are capacitive and can be used on any common touch screen.

Unique for its robustness, even in wet conditions, the Taska Hand doesn't need to be removed in the rain and can be used for washing dishes, cars, or laundry without a glove. This waterproof feature allows users to perform more tasks indoors and outdoors without fear of damage. The Taska Hand is rated for medium to heavy activities of daily living (ADL), including mowing lawns, using light chainsaws and hedge trimmers, lifting up to 20 kg, light spade work, and operating in high dust environments.

**L6621 Upper Extremity Prosthesis Addition, flexion/extension wrist with or without friction, for use with external powered terminal device**

**Justification:** This feature allows the amputee to achieve wrist extension and flexion to allow positioning of the externally powered terminal device for functional grasp without awkward or unnatural compensatory positioning of proximal joints. Wrist flexion and extension are necessary for important activities of daily living and self-care where the amputee much reach midline of the body. Without wrist flexion and extension the patient functional envelope is limited and compensatory positioning can lead to overuse injuries. In the unlocked position the wrist also acts as an additional shock absorption feature and provides a dynamic joint in the prosthesis which allows flexibility and movement during active ADL's when needed.

**L6629 Upper Extremity Addition, quick disconnect lamination collar with coupling piece, Ottobock or equal**

**Justification:** The quick disconnect wrist is designed to be used by amputees who interchange terminal devices. This unit allows the amputee to remove or change the terminal device, manually position the terminal device in varying degrees of rotation, and to lock the terminal device in position. It is common and supported in clinical journals/reference manuals such as the American Academy of Orthopaedic Surgeons to interchange terminal devices for certain activities.

**L7499 Upper Extremity Addition, quick disconnect lamination collar with coupling piece, Ottobock or equal with waterproof seal ring**

**Justification:** The ring meets IP67 waterproof standards meaning it resists leakage to a 1 meter depth of water for 30 minutes. To achieve this level of performance, a silicone ring is configured in such a way to seal with the forearm wrist unit. The collar maintains this waterproof seal even during active rotation with an electric wrist rotator. The Taska Waterproof Seal Ring for Quick Disconnect Wrist creates a waterproof seal encompassing the wrist and thus the entire forearm to the point of the first opening in the forearm. This allows the user to submerse the terminal device deep into a sink of water, a shallow pool or even the lake to retrieve a trophy fish.

**L7499 Low Profile Waterproof Wrist**

**Justification:** In cases of wearers with a long residual limb, the length of the limb, plus the length of the components can easily result in a prosthesis longer than the opposite limb. A long prosthesis may also place the terminal device outside the work envelope resulting in difficulty in using the prosthesis. The 3/8 inch shorter low profile wrist brings the Taska hand back to a more functional position.

Additionally, the ability to immerse the prosthesis further into water is very beneficial to wearers when bathing a large dog or washing large pots and pans.

# Appendix: Physician Documentation Guidance

The following information must be included in the ordering physician's medical records (with an emphasis on the amputation, prosthesis co-morbidities, and difficulties with daily activities):

**History of the Injury, Illness, or Condition:**

- Date, side, and level of amputation(s)
- Reason for amputation(s)
- Existing and prior prostheses and dates dispensed (document past experiences with prosthetic components and outcomes

**Physical Examination:**

- Recent changes to height or weight
- Cognitive ability for prosthesis care
- Cardiopulmonary, musculoskeletal, neurological status, arm/leg strength, ROM, gait, balance, coordination
- Residual limb issues: pain, wound healing, skin conditions, swelling, weight changes, muscle atrophy, arthritis

**Functional Limitations:**

- Detail functional limitations and their impact on prosthesis use
    - Musculoskeletal, neurological, and cardiopulmonary conditions
    - Other co-morbidities
- Current functional assistive devices used (e.g., cane, walker)
- Discuss Impact of limitations on daily activities and whether are due to medical conditions or current prosthesis function

**Activities & Work:**

- Description of patient's functional capabilities as they relate to daily activities, with an emphasis on the activities that lead to the prosthetic recommendation
- Patient's living environment and support persons
- Patient's activities prior to the amputation (home and work)
- Patient's current activities
- Does patient function in an environment that would inhibit function of the prosthesis (wet or electrical discharges or dust affecting externally powered prosthesis)?
- Activities that patient desires to return to, and has the potential for, using the new prosthesis

**Current Prosthesis:**

- Condition of each component (socket, shoulder, elbow, wrist, terminal device)
- Reason for replacement of each component: changes in functional needs, fit issues, irreparable wear, damage, or high repair costs
- Explanation of why current prosthesis is unsuitable if the patient's condition has changed
- Description of loss incident, if the device was damaged or lost

**Desire and Motivation**:

- Document the patient's desire and motivation to use the new prosthesis

**Recommendation for New Prosthesis/Components:**

- Based on patient's prior activities, current condition, and goals
- Medical reasons for the recommendation
- Document rationale that rules out each lesser or different prosthetic option (e. g., body-powered (cable driven), body-powered mechanical, passive ratcheting mechanical, passive silicone, externally powered categories). For each option, provide insufficiencies and note preferred recommendation

**Prognosis:**

- Document prognosis with the new device and future potential needs

**Signature**

- The Physician's record must be authenticated (signed with the name and credentials of the author and dated) to be valid, to support coverage of the prosthesis

# Appendix: Billing Miscellaneous Codes

On the claim form, either HCFA 1500 or electronic equivalent, you must include specific information in certain boxes:

- Box 19 requires a description of the product, including manufacturer name, product name and model, price
- Box 21 requires a diagnosis code. This will be an ICD 10 code provided by the prescribing physician
- Box 24D requires you to list the miscellaneous code you are billing (e.g. L7499)
- SV101-7 Segment requires a concise description of the product. Limited to 80 characters

## Consider Payer Specific Considerations (Coding and Coverage)

### Medicare / Medicare Advantage

Medicare will only cover L6880 and items coded with this code must have received PDAC verification (only option to bill Taska to Medicare is as an upgrade)

Upgrades are possible if patient agrees to pay the difference out of pocket (ABN required):

- CMS IO 100-04, Ch 20, Sec. 120-120.1

Supplies – Use of Upgrade Modifiers

An upgrade is defined as an item that goes beyond what is medically necessary under Medicare's coverage requirements. An item can be considered an upgrade even if the practitioner has signed an order for it. For supplies, if the quantity provided exceeds the standard amount specified in the LCD, and if the supplier does not have information indicating that all of the criteria for coverage of the excess quantities have been met (i.e., coverage criteria in the Local Coverage Determination), that quantity can be considered an upgrade.

The Internet Only Claims Processing Manual, 100-04, Ch 20, Sec 120-120.1 contains general information about the use of upgrade modifiers. If a supplier wants to collect from the beneficiary for the excess quantity of supplies, the supplier must obtain a properly completed Advance Beneficiary Notice (ABN). On the ABN claim lines, the supplier should:

- First bill the appropriate HCPCS code with a GA modifier and bill the units of service that describe the quantity of supplies that were provided
- Then bill the same HCPCS code with a GK modifier and bill the units of service that describe the standard quantity of supplies that are covered based on the LCD

***The codes must be billed in this specific order on the same claim.*** In this situation, the claim line with the GA modifier will be denied as not reasonable and necessary with a "patient responsibility" (PR) message, and the claim line with the GK modifier will continue through the usual claims processing. The beneficiary liability will be the sum of:

- The difference between the submitted charge for the GA claim line and the submitted charge for the GK claim line and
- The deductible and co-insurance that relate to the allowed charge for the GK claim line.

## COMMERCIAL

Some commercial plans do have procedures to pay for the standard and allow patient to pay upgrade (similar to Medicare). It must be documented that patient is aware they will be financially responsible and agrees to pay via non-Medicare ABN.

Most commercial plans do not specify they will ***only*** pay for L6880. If they don't specify they follow Medicare guidelines, the L7499 should be valid and billable.

## WORKER'S COMPENSATION

- Policies and procedures vary by state.
- Bill as L7499-Each state has rules that determine how reimbursement will be determined for a NOC code.
- Some WC will negotiate a payment amount

## PRIVATE PAY

- Use a written pricing agreement to avoid misunderstandings

# Appendix: Common Denial Reasons, Responses, and Evidence

| Denial Reason | Potential Response | Evidence |
|---|---|---|
| Underpayment of NOC code | Code is not paid as per provider's contract | Payer Participation Agreement with section pertaining to reimbursement for NOC codes |
| | Code is not paid per payer historic NOC code processing | EOB's to demonstrate previous processing /reimbursement methods vs this claim-Express your expected allowable based on historic. |
| | Code is not paid per pre-negotiated agreement - This is typical for Worker's Compensation plans and is highly recommended for any out-of-network service | Copy of signed, dated negotiated pricing agreement |
| Has an existing same or similar code to describe the myoelectric hand | The DMEPDAC (entity that determines appropriate HCPCS codes) specifies that the L6880 is all inclusive. Since the Taska hand contains many features that are beyond the predicate L6880, the code only partially describes the Taska. Therefore, the NOC code 7499, billed as the complete device instead of L6880 is the only appropriate alternative. | Joint DME MAC Publication: Articulating Digit(s) and Prosthetic Hands-Correct Coding-Revised 11/17/2021 |
| Lesser (body-powered) device is not shown to be insufficient | Specifically, please see the following link in the Upper-Extremity Prostheses Section / Taxonomy p99, taken from a National Academy of Sciences document on Assistive Technology. This link https://www.ncbi.nlm.nih.gov/books/NBK453290/ makes the point that the "working envelope", the area in which the body powered device is easily actuated, is limited, mostly to the area in front of the wearer. Patient's tasks specifically requires activation of a TD/Terminal Device/Hand/Prehensor is engaging objects that are outside of this envelope, for example | National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on the Use of Selected Assistive Products and Technologies in Eliminating or Reducing the Effects of Impairments; Flaubert JL, Spicer CM, Jette AM, editors. The Promise of Assistive Technology to Enhance Activity and Work Participation. Washington (DC): National Academies Press (US); 2017 May 9. 4, Upper-Extremity Prostheses. Available from: https://www.ncbi.nlm.nih.gov/books/NBK453290/ |

| Denial Reason | Potential Response | Evidence |
|---|---|---|
| The myoelectric upper limb prostheses contain more than basic components they are considered deluxe items and not reasonable and necessary | Review the patient's benefit documents (SPD or EOC) for definition of what is covered in Prosthetics. Usually language indicates prosthetics are covered if they are medically necessary. Review the patient's benefit documents for definition of what is not covered. Usually there is no inclusion of the terms "Basic" or "Deluxe." Also typically no exclusion of myoelectric prosthetics. The Member Contract supercedes the Payer Clinical Coverage Policies. Next, find their definition of Medical Necessity and use the Patient Record to demonstrate how the service meets Medical Necessity. | Patient's benefit contract for coverage by the insurer, typically known as the Evidence of Coverage or the Summary Plan Documents, or Summary Benefit Plan AND the Patient's Medical Record |
| The device is Investigational/ experimental | Use of a Not Otherwise Classifed Code does not make a prosthetic investigational | |
| | Locate the Payer's definition of Experimental or Investigational. Respond to each element of the definition to demonstrate how the hand does not fit this definition. | Best source is the Patient's Summary Plan Document (This document definition takes precedence in the event of any differences). If it is not included in the SPD, find the definition in the Payer's clinical coverage policies (it may be it's own separate and distinct policy). |
| | The Taska Hand is registered with the FDA as Class 1 medical device, under the Product Code IQZ, regulation number 890.3420. You cannot register a device with the FDA if it is investigational without applying for an investigational device exemption (IDE). We have included a copy of this registration in the attachments | FDA Registration Listing |
| | Safety & Efficacy | Specifically, review Table IX on page 8: Damerla, R., Qiu, Y., Sun, T.M., & Awtar, S. (2021). A Review of the Performance of Extrinsically Powered Prosthetic Hands. IEEE Transactions on Medical Robotics and Bionics, 3, 640-660. |
| | Product is as beneficial as any other alternative | Sahla Yoosuf Husain Ahmed, 2020, Bionic Hand, International Journal of Engineering Research & Technology (IJERT) NSDARM – 2020 (Volume 8 – Issue 04), |

| Denial Reason | Potential Response | Evidence |
|---|---|---|
| The device is Investigational/ experimental (continued) | Industry Generally Accepted Standard of Care | Over 500 Taska hands have been fit in the US and Canada including being provided by the Veterans Affairs. The VA has their own Taska PC User Interface in the IT database for their staff to access. This executive branch department of the Federal Government has provided the Taska hand in good faith that it will service the upper extremity amputee population. |
| | This publication documents TASKA as among the accepted commercially available prosthetic hand terminal devices | Hansen, T. C., Citterman, A. R., Stone, E. S., Tully, T. N., Baschuk, C. M., Duncan, C. C., & George, J. A. (2022). A Multi-User Transradial Functional-Test Socket for Validation of New Myoelectric Prosthetic Control Strategies. Frontiers in Neurorobotics, 16. https://doi.org/10.3389/fnbot.2022.872791 |

# Support Contact

## Still need help?

***For Reimburement Support, contact Fillauer***

reimbursementinfo@fillauer.com

www.fillauer.com

800-251-6398

***For Advanced Reimbursement Support, contact O&P Insight***

info@oandpinsight.com

www.oandpinsight.com

725-238-2008