

## FAQs – When utilizing RevoFit<sup>®</sup>, our customers often ask...

<p>What is the New HCPCS Code (L-Code), and Description for RevoFit</p>	<p>L5783 - Addition to Lower Extremity, user adjustable, mechanical, residual limb volume management system L7406 - Addition to Upper Extremity, user adjustable, mechanical, residual limb volume management system</p>
<p>What is the Medicare allowable (aka average reimbursement) for L5783 and L7406</p>	<p>2026 Medicare Fee Schedule - \$3,150.07 (for both prosthetic codes)</p>
<p>What do you expect other payers to do and by when?</p>	<p><b><u>Medicare:</u></b> Effective April 1, 2024 (Lower), April 1, 2025 (Upper)  <b><u>Medicare Advantage:</u></b> Mandated to follow existing MA-provider contracts and fee schedules  <b><u>VA (TriCare):</u></b> Follows existing VA-provider contracts and fee schedules  <b><u>Commercial / Private Payers:</u></b> While everyone will recognize the code, it will take time to update systems, coverage, etc. New codes could be subject to payer-provider contracts (% of Medicare is common); Plan to file appeals in the short term, as claims may be denied until systems are updated  <b><u>Medicaid, Managed Medicaid:</u></b> State by State (Many states have updated policy and fee schedules to include these new codes - work with state representatives to encourage further updates)</p> <p>Prior to coverage and fee schedules being finalized, some tips include:</p> <ol style="list-style-type: none"> <li>1. In the absence of a negotiated fee schedule, submit the RevoFit Appropriate MSRP price of \$4495 (<a href="https://clickmedical.co/revofit/#insurance-coding">clickmedical.co/revofit/#insurance-coding</a>) on the Click Medical website</li> <li>2. Proactively reach out to payer contacts to notify them of the new code and expected utilization and expected benefit (saves patient visits and socket remakes, per the Medicare decision to award a new HCPCS code) - helpful tips available on our website</li> </ol>

	<p>(<a href="https://clickmedical.co/revofit/#insurance-coding">clickmedical.co/revofit/#insurance-coding</a>)</p> <p>3. Full documentation (examples and suggestions) for prior authorization and/or appeals is available on the website (<a href="https://clickmedical.co/revofit/#insurance-coding">clickmedical.co/revofit/#insurance-coding</a>)</p>
Will the L5783 and L7406 apply only to Definitive, Laminated Sockets	No, as of February 2024, The Centers for Medicare & Medicaid Services (CMS) provided guidance to the DME MACs and PDAC that additive manufacturing is an acceptable custom fabrication technique as long as it adheres to the CMS DMEPOS Quality Standards, Appendix C.
Will the L5783 and L7406 apply to all Revo products	No, the RevoLock System is coded as suspension (L5671 - Lower Extremity & L6698 - Upper Extremity); RevoSurface may be covered under L5783 and L7406 but depends on the application, timing, and PDAC ruling.
What other products are covered under the L5783 and L7406	We do not have an answer, that is up to PDAC.
Is there an HCPCS code for applying RevoFit to Custom fabricated Orthotics?	No, at this time, coding for RevoFit has been approved for prosthetics only. Click Medical is preparing a new code request of CMS (timing TBD). Meanwhile, Click Medical and Fabtech Systems have put together suggesting coding for such braces, including billing with L2999, with reference to L5783. Suggested MSRP when RevoFit is applied to such braces can be found here ( <a href="https://clickmedical.co/revofit/#insurance-coding">clickmedical.co/revofit/#insurance-coding</a> )
What if I utilize 2 or more systems on a device, can I bill for each system under the L5783 code?	This concept is unspecified. Regardless, RevoFit systems are indicated for limb volume management necessity and must be justified with proper documentation.
What if there is no published fee schedule, what should I submit for reimbursement?	Submit the RevoFit MSRP, available on our website under the insurance and coding section of RevoFit (NOTE: we have 3 MSRPs - specific to application including lower extremity, upper extremity prosthetics & AFO/KAFO offloading orthotic braces). In the absence of a fee schedule, it is common for payers to take a

	<p>standard % from this amount until fee schedules are updated (<a href="http://clickmedical.co/revofit/#insurance-coding">clickmedical.co/revofit/#insurance-coding</a>)</p>
<p>What should we ask referring providers to put in their notes to justify RevoFit L5783 and L7406?</p>	<p>Simple language preferred, for example, in the doctor notes the following has been successful: <i>“Patient (John Doe) has ongoing need for an adjustable socket system in order to address issues related to volume fluctuation and to reduce the need for frequent socket replacement”, OR, “Prescription for right side BKA socket replacement with adjustable system to accommodate volume fluctuation as medically necessary for patient”.</i></p> <p>In some situations such as accommodating bulbous distal end limbs, the adjustable system allows for donning and doffing and provides suspension. While a true and legitimate benefit.</p>
<p>Is Prior Authorization required by Medicare for L5783 or L7406</p>	<p>No, however as of 1/13/26, L5783 is on CMS Master List, which means:</p> <ul style="list-style-type: none"> <li>- Generally items are added to the master list when the following happens - 30% increase in utilization year over year and/or \$1m from 1000 or more billings to medicare</li> <li>- Being on the Master List does mean prior authorization is required, but it is common for Master List items to be considered for future PA requirements</li> <li>- Click recommends thorough and accurate Medicare documentation and medical-necessity rules (written order, clinical record supporting need, item description, supplier documentation).</li> </ul>