

Q Are there documentation requirements?

A Yes. Depending on the health plan, you may be required to submit and/or retain the following documentation: prescription order form, letter of medical necessity, x-ray reports, and medical records. Again, we suggest that you check with the applicable health plan or payor to ascertain your documentation requirements.

As you can see, physician billing for items of durable medical equipment, including our Stim Products, sometimes can get complicated. For this reason alone, we recommend that you discuss the propriety of any billing arrangement with your legal counsel.

This FAQ is intended for educational and informational purposes only. It is not intended to be, nor should it be construed as, legal advice. Orthofix makes no representations and expressly disclaims any and all warranties, whether express or implied, including any warranty or representation relating to whether any of the Stim Products are reimbursable by any third party. Likewise, you and/or your physician group are responsible for the accurate and complete coding and billing of any and all third party claims. Orthofix recommends that you contact an experienced health care attorney to discuss any specific questions or for advice regarding compliance with applicable laws and regulations.



Spine Reconstruction Trauma

Orthofix is a diversified orthopedic company offering a broad line of minimally invasive surgical and non-surgical products for the Spine, Reconstruction and Trauma market sectors. Orthofix products address the lifelong bone and joint health needs of the patient; making possible a more active and mobile lifestyle.



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Spine Reconstruction Trauma

Frequently Asked Questions

About Physician Billing for Orthofix Bone Growth Stimulation Products



As a product-related educational service for our customers, Orthofix has assembled this brief FAQ to relay general information related to a physician or physician group’s billing for Orthofix bone growth stimulators, including Physio-Stim, Spinal-Stim, and our new Cervical-Stim, which is the only FDA approved external bone growth stimulator for the cervical spine. We refer to these devices herein as “Stim Products.”

Q Can I bill private health plans or other third party payors (non-Medicare/Medicaid) for the Stim Products?

A Yes, in many situations you may bill and obtain reimbursement from private health plans (and in some cases, workers’ compensation programs) for Stim Products. Please be advised, however, that some health plans may require that you be a credentialed participating durable medical equipment (DME) supplier in the plan to bill for and collect reimbursement for these devices. Such plans conduct audits to verify the physician’s contract status and will deny payment (or recoup payments already made) for DME if the physician or physician group is not contracted as a network DME supplier.

In addition, there are laws in certain states that govern physician “self-referrals.” If your state has such a law, it could affect your provision of, and billing for, our Stim Products.

We recommend that you: (i) check with each health plan to identify the requirements, if any, which you need to meet in order to bill for and collect reimbursement for our Stim Products; and (ii) consult with your health care attorney to assess compliance with applicable state law (if any).

Q Can I bill Medicare and Medicaid for Stim Products that I purchased and prescribed to my patients?

A No, the federal physician self-referral prohibition, known as the “Stark Law,” effectively prohibits physicians from self-referring most items of durable medical equipment payable by a federal health care program. This means that physicians cannot bill Medicare and/or Medicaid for our Stim Products, even in situations where the physician or physician group has obtained a Medicare DME supplier number from the National Supplier Clearinghouse.



Cervical-Stim



Physio-Stim

Q Are there general coverage criteria for Stim Products?

A Many health plans and other private insurers have medical policies and coverage criteria specific to noninvasive bone growth stimulators, including our Stim Products. We recommend that you check with the applicable health plan or payor to identify these coverage requirements.



Spinal-Stim

Q What HCPCS codes should I use with health plans and other third party payors for the Stim Products?

A The following HCPCS codes are recommended for use with our Stim Products:

Product	Code and Description
Cervical-Stim	E0748 - Osteogenesis stimulator, electrical, noninvasive, spinal applications
Physio-Stim	E0747 - Osteogenesis stimulator, electrical, noninvasive, other than spinal applications
Spinal-Stim	E0748 - Osteogenesis stimulator, electrical, noninvasive, spinal applications

Q I have been asked by a health plan to provide an invoice. Why is this necessary?

A While many health plans reimburse Stim Products pursuant to a fee schedule, there are several plans that reimburse Stim Products on a cost basis (e.g., actual cost + 10%). In these situations, the health plan requires the physician to submit the manufacturer invoice to determine reimbursement.

Q Do I have to collect copayments or coinsurance from patients?

A Generally, yes. In fact, the routine waiver of coinsurance amounts owed by patients covered through Medicare and/or Medicaid is unlawful and can result in fines and penalties for the party that waived the coinsurance. There is an exception for waivers of coinsurance that are offered or provided based on financial hardship.

For a patient enrolled in a private health plan, the waiver of such out-of-pocket obligations could violate the participation agreement with the plan. In one such case, and based on a theory that the health plan’s obligation to reimburse the provider is contingent on the patient’s obligation to pay, a court ordered a provider to repay to a plan all reimbursement made on behalf of enrollees whose copayments were waived.