

2011 - Coding for the Advanced Reciprocating Gait Orthosis (Adult ARGO 60 & 90)

Below you will find our suggestion for the coding of the ARGO. Please keep in mind that these are only suggestions and not the absolute way to code this device. Regional differences and the various reimbursement agencies billed may affect the codes selected and/or the code numbers used. If you have any questions, please contact your carrier.

CODE	DESCRIPTION	*MEDIAN	QTY	TOTAL ALLOWED
L2037	KAFO	\$1,577.10	2	\$3,154.20
L2385	Knee Joint	\$ 131.17	2	\$262.34
L2415	Cam Lock	\$ 108.99	2	\$217.98
L2580	Pelvic Sling	\$ 454.49	1	\$454.49
L2628	RGO Hip Joint	\$1,603.44	2	\$3,206.88
L2640	Pelvic Control Belt	\$ 327.12	1	\$327.12
L2650	Gluteal Pad	\$ 114.17	1	\$114.17
L2660	Thoracic Control Band	\$ 179.20	1	\$179.20
L2680	Lateral Thoracic Uprights	\$ 148.39	2	\$296.78
L2780	Non-Corrosive	\$ 63.96	6	\$383.76
L2810	Condylar Pad	\$ 76.45	2	\$152.90
L2999	Knee extension-assist pneumatic Strut	0	2	0
	Complete ARGO	With 1 Pelvic Sling	-	\$8,749.82
	Complete ARGO	With 2 Pelvic Slings	-	\$9,204.31
Other Possible Codes:				
L2220	Addition To Lower Extremity, Dorsiflexion And Plantar Flexion Assist/resist, Each Joint	\$ 78.86	2	\$157.72
L2275	Addition To Lower Extremity, Varus/valgus Correction, Plastic Modification, Padded/lined	\$ 119.37	2	\$238.74
L2280	Addition To Lower Extremity, Molded Inner Boot	\$ 426.24	2	\$852.48
L2670	Addition To Lower Extremity, Thoracic Control, Paraspinal Uprights	\$ 160.78	2	\$321.56
L2820	Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Below Knee Section	\$ 85.40	2	\$170.80
L2830	Addition To Lower Extremity Orthosis, Soft Interface For Molded Plastic, Above Knee Section	\$ 91.45	2	\$182.90

Neither AOPA nor its Coding Subcommittee recommend or endorse products/devices of any manufacturer. The coding opinion expressed is based upon information submitted for review by the manufacturer and the clinical experience of the members of AOPA's Coding Subcommittee. Regardless of the source of coding information, the final responsibility for correct coding within all established laws, rules, standards, and practices is the sole responsibility of the facility submitting the claim. AOPA and its Coding Subcommittee accept no responsibility for, and will not be liable for, any actions relating to this coding information. The L-codes provided are essentially our "suggestions" and you as a practitioner must decide which L-code to use.

* Based on the **2011 Medicare Fee Schedule**