

CODING FOR FUNCTIONAL ORTHOTIC DEVICES

NOTE: Individual payers may have their own policies regarding coding for services relative to functional orthotic devices. Providers should inquire of each of their primary payers to determine if they have any special coverage and/or coding requirements.

The following are suggested as guidelines, based upon expert opinion and knowledge of current coverage policies. However, policies with specific payers may vary. Do your own research with your own payers.

For most payers, orthotic devices are billed as a single global charge. But, for those payers who prefer the charges “broken down”, these are the best current suggestions.

“Biomechanical Evaluation”

CPT E/M

There is NO current CPT code that reflects computerized or non-computerized biomechanical evaluation. There are other CPT codes that are intended for research labs- not non-research physicians. That includes CPT 97750 and CPT 97755.

Casting:

CPT 29799 (unlisted casting procedure; Each, or per foot –depends upon payer)

Recommend against using A4580 (plaster casting material)

CPT E/M

Lab Fee for devices themselves:

Pre-molded:

L3040 (foot, arch support, removable, pre-molded, longitudinal, EACH)

L3050 (same, metatarsal, EACH)

L3060 (same, longitudinal/metatarsal, EACH) (Preferred coding)

Custom:

#L3000 (foot insert, removable, molded to patient model, UCB type, EACH)

(Preferred Coding)

L3001 (same, Spenco, EACH)

L3002 (same, plastizote or equivalent, EACH)

L3003 (same, silicone gel, EACH)

L3010 (same, longitudinal arch support, EACH)

L3020 (same, longitudinal/metatarsal support, EACH) SUGGESTED

L3030 (foot insert, removable, formed to patient's foot, EACH)

Since such devices are designated “each”, you bill “2” units with “LT” and “RT” modifiers

Repair/Modification of Orthosis

E/M

L4210

There are plenty of other HCPCS codes in this section which superficially appear to be applicable (e.g. L3031 foot insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination, prepreg composite, each), but these codes are intended for use within leg braces. DON'T TAKE CPT/HCPCS CODES OUT OF CONTEXT!

FOR MEDICARE:

By statute, functional orthotic devices of this type (HCPCS L3000-L3030) are ONLY covered if they are an integral part of a shoe which is permanently attached to a leg brace. Such instances are rare, and will most typically be provided by an orthotist; not by a podiatrist.

When a patient asks you to submit their claim for functional orthotic devices to Medicare, submit the code(s) with a “-GY” modifier, indicating that you know this is a non-covered service, and patient responsibility.

Inserts provided under the Medicare Diabetic Therapeutic Shoe Program are NOT billed with ANY of the HCPCS L3000 series. They have special HCPCS “A” codes.

Functional Orthotic Devices
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