

How to Get Paid for Orthotics

Specific Suggestions from Verification to Proper Coding

VERIFICATION

It's important to verify insurance coverage to determine whether orthotics are included in the patient's covered benefits. It's vital that you clarify that you are specifically fitting "custom molded foot inserts, with longitudinal/metatarsal supports, typically billed as code L3020". This is the exact descriptive language for the code. If the insurer states that coverage is only allowed for certain types of providers, clarify and appeal to a higher authority if necessary. If this service is within your state scope of practice, it should be covered. If a referral from a primary doctor is required, be certain to note this on the verification. Follow the Foot Levelers Verification Sheet for Spinal Pelvic Stabilizers and get all the questions answered. It's recommended that you call separately from the verification of general Chiropractic benefits.

THE BILLING PROCESS

The process of billing for orthotics and therapy is no different than any other billing process. These important concepts **MUST** be conveyed in the billing process in order to assure reimbursement. Appropriate medical necessity for the orthotic fitting and subsequent related treatment must be clearly identified. This may include a Letter of Medical Necessity (LMN) if required, or simply as part of the medical record.

It's important when taking a patient history to explore all conditions that could benefit from orthotic fitting beyond the typical spinal-related questions. For example:

- Is there pain, numbness, or tingling with prolonged standing, walking or climbing stairs in your knees, calves, shins, ankles, feet or toes?
- Do you experience aching or cramping in your feet?
- If you wear anything other than your favorite shoes, do you experience these types of symptoms?
- Do you avoid activity due to your pain in the feet or lower extremities?
- Do you have to elevate your feet to get comfortable?
- Is there a history of injury to the foot or ankle or a history of any of the above symptomatology?
- Have there been any other treatment procedures recommended or applied?

Using correct regional examination and x-ray findings will provide the objective evidence required for medical necessity to support the implementation of orthotics in the treatment program. However, it's also imperative that appropriate diagnosis codes are assigned to justify the treatment and are properly linked on the CMS-1500 billing form to the treatment and supplies. It's assumed that proper diagnosis codes related to the spinal regions would also be assigned appropriately.

DIAGNOSIS LINKING

It's important to properly link the diagnosis code reported in CMS-1500 form box 21 to the service code performed in CMS-1500 form box 24D. This is accomplished by listing the appropriate diagnosis indicator, 1, 2, 3 or 4 or multiple numbers, in CMS-1500 form Box 24E. Diagnosis linking is important because it tells the insurer what diagnosis is the reason behind the performed treatment CPT code.

Listing the diagnosis code most closely associated with the treatment performed helps to justify the reason for the service. Box 24D of the CMS-1500 claim form is where you enter your CPT codes. Box 24E is where you enter the diagnosis reference number(s) 1,2,3 or 4 as they relate to the 4 diagnosis code positions in Box 21. Box 21 is where you enter your ICD-9 codes. A written description of your diagnosis codes in Box 21 is not necessary. Do not enter ICD-9 codes in Box 24E. You should try to fill all four positions in Box 21, when clinically indicated. In this example, Box 24D indicates that a patient received a lumbar region chiropractic adjustment (98940) and orthotic management and training for the foot and ankle. (97760) Box 24E indicates that CPT code 98940 links to diagnosis code 724.2, lumbar pain, and 739.3, lumbar segmental dysfunction, using diagnosis reference numbers 1 and 2. Box 24E also indicates that CPT code 97760 links to diagnosis code 719.47, ankle and foot pain, and 728.71, plantar fasciitis, using diagnosis reference numbers 3 and 4.

PROPER CODING

Typically, orthotics will be implemented in the stabilization phase of care. However, whenever you decide to begin the orthotic process, begin with the following coding protocol. Understand that these are all the possible codes that **MAY** apply in the process of billing for services associated with the fitting of Spinal Pelvic Stabilizers.

- **E&M Coding, New Patient:** If you are following the protocol to scan each NP that enters the practice and complete a foot exam on them, the additional scan is not separately billable. Just include the service/scan within the normal NP evaluation and management code you're billing. Be sure to appropriately document the necessity of your choice of code. Utilize the series 9920X (1-5).
- **E&M Coding, Established Patient:** Many physicians will choose to evaluate for Spinal Pelvic Stabilizers on a visit other than the initial visit. We recommend that you do history and exam in addition to the scan/mold to help document medical necessity. On the visit when the evaluation is performed, code as follows: 99212 A problem-focused History and Exam for an established patient: a low level of medical decision is made and documents the medical necessity for the orthotics being ordered. Remember, the cost of the scan or molding is included in the cost of the Stabilizers.
- **73620 Radiologic examination, foot, two views** may be appropriate where a bone spur or other anomaly is suspected. Other x-rays of the foot or ankle may be appropriate where indicated.

BOX 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1. 724.2	3. 719.47
2. 739.3	4. 728.71

BOX 24D.	CPT/HCPCS	BOX 24E.	DIAGNOSIS REFERENCE NUMBER
1.	98940	1, 2	
2.	97760	3, 4	

- **29540, Lower Extremity Strapping:** Strapping or taping of the ankle and/or foot can be an important part of the restoration of lower extremity joint dynamics and help improve the overall structural alignment of the body. Many doctors will choose to tape the arches for a patient to estimate the degree of relief that a patient will experience with custom-made Stabilizers.
- **L3020, Custom molded foot inserts, with longitudinal/metatarsal support.** This is the billed as, EACH foot; therefore you must code this TWICE, once for the left orthotic and once for the right orthotic. Note: If two pair of orthotics are ordered, and a discount is being offered for purchasing two pair, the second pair can be coded as L3020-52 with the -52 modifier indicating a reduced service or fee. Once again, remember to code twice, once for the left and once for the right.
- **99002 Handling and conveyance** or any other service in connection with an order. This covers the cost of shipping and handling. Most insurers will not reimburse this code.
- **97760, Orthotic(s) management and training,** including assessment and fitting when not otherwise reported, upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes. Orthotics fitting and training, lower extremities, each 15 minutes. This code is typically billed the day the orthotics are dispensed to the patient. This service includes the clinical time the DC spends one on one with the patient in the training of the orthotic. One to two visits may be appropriate in a given case.
- **97762, Checkout for orthotic/prosthetic use, established patient, 15 minutes.** This code may be reasonable and necessary when there is a modification of the custom-made orthotics. These assessments are reasonable and necessary when a patient experiences a loss or change of function directly related to the orthotics, such as pain, swelling, falls, etc. A total of one to two visits should be appropriate subsequent to dispensing the Stabilizers to assess the use.

TREATMENT PROTOCOLS

Understanding that orthotics may be ordered for either spinal pelvic stabilization and/or for foot problems, the following protocols can be used. In cases involving plantar fasciitis, calcaneal spurs, or neuromas, it may be appropriate to employ separate protocols consisting of both passive and active care procedures to the lower

extremities in addition to any spinal procedures. Where appropriate, you may choose to have the patient follow an in-office course of treatment over several visits where both dynamic and proprioceptive activities and/or gait training exercises are taught, as well as a course of passive physiotherapeutic modalities during a pain relief phase of treatment. The following protocol is an example of an in-office treatment course supplemented by home care recommendations to complete the orthotic break-in.

- **97110, Therapeutic exercises to develop strength and endurance, range of motion and flexibility.** Therapeutic exercise is used to restore strength, range of motion, and endurance. Therapeutic exercises may be necessary for a documented loss or restriction of joint motion, strength, functional capacity or mobility, which has resulted from a specific disease or injury. This is also a way to ease adaptation time by breaking up fixations and strengthening weak muscles in the feet. Having the patient roll a golf ball or pulling a towel with their toes can also do this. It's also possible to use this code for specific core strengthening exercises, stretching or tubing that may be done with rehab equipment such as the Thera-Ciser™. Use this code if using a treadmill to acclimate the patient to walking with the orthotics. Isokinetic foot exercises may increase range of motion and reduce adhesions. Lumbar stabilization exercises, when used in conjunction with the Spinal Pelvic Stabilizers, are excellent for core strengthening. Using a gymnastic ball for stretching or strengthening exercises can also be coded as therapeutic exercises, with documented medical necessity.

- **97116, Gait Training** is the training of the manner or style of walking, including rhythm and speed. The phases of gait include the stance phase, the swing phase, and the double support phase. When working with athletes or runners, this may be appropriate to evaluate gait when changing patterns with Stabilizers.

- **98943, Extraspinal Chiropractic Manipulative Treatment** may be necessary during a course of treatment when an extremity needs to be treated in addition to the spinal region(s). The five extraspinal regions are the head, including the TMJ, but excluding the atlanto-occipital, lower extremities, upper extremities, anterior ribs, and abdomen. This code is billed only once per encounter, regardless of the number of extraspinal regions adjusted.

Sample Chiropractic/Orthotic Care Plan

The purpose of Foot Levelers Spinal Pelvic Stabilizers is to improve quality of care in order to benefit the patient and allow the doctor to expand services.

Visit #1: New or established patient evaluation (992XX) E/M code, x-rays of the foot (73630), foot/ankle adjustment (98943), ankle/foot taping or strapping (29540), scan or cast for orthotics (L3020 billed twice)

Visit #2: Foot/ankle adjustment (98943), Orthotic Management and Training (97760), Low Back Exercises, (97110-59)

Visit #3: Foot/ankle adjustment (98943), Low Back Exercises (97110-59), Activities of Daily Living instruction (97535)

Visit #4: Foot/ankle adjustment (98943), Orthotic Management and Training (97760), Low Back Exercises (97110-59)

Visit #5: Foot/ankle adjustment (98943), Orthotic checkout (97762), Low Back Exercises (97110-59)

Verification Sheet for Orthotics

(This assumes that the doctor has done a thorough verification of coverage for general chiropractic services, and this would be an addendum to the existing verification form when checking on coverage for orthotics)

Patient Name: _____ Insured: _____

Insured's ID# _____ Insured's DOB: _____

Policy # _____ Insured's employer: _____

Patient's DOB: _____

- (circle one)
- Are custom molded foot inserts, with longitudinal/metatarsal support, covered typically billed as code L3020? Y N

If yes:

- Is there a maximal limit of payout per diagnosis? _____ per year? _____
- What is the % of coverage allowed? _____
- Are there certain diagnosis codes necessary for reimbursement under the policy? Y N (circle one)
If yes, what are they or where can I find them? _____
- Is a Letter of Medical Necessity needed? Y N (circle one)
- Is a prescription from a physician required? Y N (circle one)
If yes, can the RX be from a Doctor of Chiropractic? Y N (circle one)
- Are these products subject to the deductible? Y N (circle one)
- Do you cover code 98943 when performed by a DC? Y N (circle one)
- Do you cover Orthotics Management and Training, code 97760? Y N (circle one)
- Do you cover Orthotics Check Out, code 97762? Y N (circle one)
- Are rehabilitative codes, such as 97110 covered under the policy? Y N (circle one)
- Do you cover strapping/taping, when billed as code 29540? Y N (circle one)

If no: *(Remember, although the product itself may be specifically not covered, the ancillary services provided are probably covered under the policy)*

- Where in my patient's policy book can they find the specific note that these supplies are non-covered?

- Do you cover code 98943 when performed by a DC? Y N (circle one)
- Do you cover Orthotics Management and Training, code 97760? Y N (circle one)
- Are rehabilitative codes, such as 97110 covered under the policy? Y N (circle one)
- Do you cover Orthotics Check Out, code 97762? Y N (circle one)
- Do you cover strapping/taping, when billed as code 29540? Y N (circle one)

Name and address of Carrier for Claims Submission: _____

Name of rep: _____ Date and time: _____

Guide to Completing the 1500 Billing Form for Spinal Pelvic Stabilizers

L3020 is the best code to describe Foot Levelers Stabilizers. These codes are known as a HCPCS codes, pronounced “hicks picks”. These are the codes that typically begin with a letter and are used to describe durable medical equipment. When billing the Orthotic supply code, remember you must bill two line items when reporting to indicate right and left stabilizers. Be sure you don’t make the mistake of billing this code only once! You are dispensing two orthotics! The ideal way to show this code on the 1500 billing form is to list a line item in Box 24 of the form with the code you’re billing, such as L3020, and the dollar amount you’re billing for the total. Then, put a 2 in the “units” box of the form, which is column G. This will represent a full pair, and should be paid twice. See this example:

1500 Form: Multiple CPT Example

D			E	F	G
Procedures Services or Supplies (Explain Unusual Circumstances)			Diagnosis Code	Charges	Days Or Units
CPT/HCPCS	Modifier				
L3020			4	\$150.00	2
Or					
L3020	RT		4	\$150.00	1
L3020	LT		4	\$150.00	1

Example of 1500 Form for a Single Pair

If you are billing a combination, or two pair, the second pair could be billed exactly the same. Even if you decide to reduce the fee on the second pair, to pass along a multiple pair discount, just reflect correct dollar amount in the box, and know they will pay this twice.

1500 Form: 2 Pair Example

D			E	F	G
Procedures Services or Supplies (Explain Unusual Circumstances)			Diagnosis Code	Charges	Days Or Units
CPT/HCPCS	Modifier				
L3020			4	\$150.00	4
Or					
L3020	RT		4	\$150.00	2
L3020	LT		4	\$150.00	2

Example of 1500 Form for Multiple Pairs

Diagnosis FAQ

Frequently, doctors ask if there are certain diagnosis codes that tend to document medical necessity for prescribing Stabilizers more than others. If you take into consideration what Medicare says about medical necessity, the following are several examples of diagnosis codes that would work.

Remember, while Spinal Pelvic Stabilizers are not only prescribed for foot, ankle or other extremity conditions, only applying a lumbar diagnosis to a claim will not usually meet the requirements necessary to validate medical necessity.

The following is a list of diagnosis codes that, if appropriate for your patient's condition, will lend themselves to medical necessity for stabilizers. We are often asked for a diagnosis code for foot supination, and there is not a specific code for this.

355.5 Tarsal tunnel syndrome	726.71 Achilles bursitis or tendonitis
355.6 Morton's metatarsalgia	726.72 Tibialis Tendonitis
355.6 Morton's Neuroma	726.73 Calcaneal spur
355.6 Morton's Toe	728.71 Plantar Fascial fibromatosis
355.6 Lesion to plantar nerve	728.71 Plantar Fascitis
715.07 Osteoarthritis, generalized, ankle and foot	729.5 Pain in limb
715.17 Osteoarthritis, localized, primary, ankle and foot	735.0 Hallux valgus (acquired)
718.46 Contracture of the knee joint	735.1 Hallux varus (acquired)
718.47 Contracture of ankle and foot joint	735.2 Hallux rigidus
719.06 Swelling of the knee joint	735.3 Hallux malleus
719.07 Swelling ankle and foot joint	735.5 Acquired claw toe
719.46 Knee pain	736.79 Foot Pronation
719.47 Foot/Ankle Pain	754.50 Talipes Varus
719.56 Stiffness of knee joint, not elsewhere classified	754.61 Congenital pes planus (congenital rocker bottom flat foot)
719.57 Stiffness of joint, ankle and foot, not elsewhere classified	781.2 Abnormality of gait
719.7 Difficulty in walking	781.92 Abnormality of posture
726.70 Metatarsalgia	844.9 Shin splints
	845.02 Sprain and strain of calcaneofibular (ligament)

How to Get Paid for Orthotics • Page 6 of 7

PARTIAL LIST OF ICD-9 CODES THAT LINK MOST APPROPRIATELY WITH CPT CODES 97760 AND 97762:

718.47 Contracture of ankle and foot joint
719.7 Difficulty in walking
719.07 Swelling ankle and foot joint
729.5 Pain in limb
719.47 Pain in ankle and foot joint
781.2 Abnormality of gait
781.92 Abnormality of posture

PARTIAL LIST OF ICD-9 CODES THAT LINK MOST APPROPRIATELY WITH CPT CODES 97116:

355.5 Tarsal tunnel syndrome
355.6 Lesion of plantar nerve
355.71 Causalgia of lower limb
781.0 Abnormal involuntary movements
781.3 Lack of coordination

PARTIAL LIST OF ICD-9 CODES THAT LINK MOST APPROPRIATELY WITH CPT CODES 97110:

722.10 Displacement of lumbar intervertebral disc without myelopathy
722.52 Degeneration of lumbar or lumbosacral intervertebral disc
724.02 Lumbar spinal stenosis
724.2 Low back pain
724.3 Sciatica
724.6 Lumbosacral or sacroiliac pain, instability, ankylosis
847.2 Lumbar sprain and strain
726.71 Achilles bursitis or tendonitis
727.06 Tenosynovitis of foot and ankle
845.11 Sprain and strain of tarsometatarsal (joint) (ligament)
845.12 Sprain and strain of metatarsophalangeal (joint)

PARTIAL LIST OF SPINAL ICD-9 CODES FOR SUPPORTIVE TREATMENT TO THE FOOT OR ANKLE:

722.71 Thoracic or Thoracolumbar Intervertebral Disc Degeneration
739.1 Cervical Segmental Dysfunction
739.2 Thoracic Segmental Dysfunction
739.3 Lumbar Segmental Dysfunction
739.4 Sacral Segmental Dysfunction
739.5 Pelvic Segmental Dysfunction
846.0 Sacroiliac SP/ST
738.5 Acquired Deformity of the Back or Spine
738.4 Acquired Spondylolisthesis
722.6 Degeneration of Intervertebral Disc, NOS
738.6 Acquired Pelvic Deformity
719.5 Joint Stiffness
959.6 High Thigh Injury
721.3 Lumbosacral Spondylosis without Myelopathy
720.02 Sacroilitis, NEC
959.7 Injury to Knee, Leg, Ankle, Foot

PARTIAL LIST OF EXTREMITIES ICD-9 CODES FOR SUPPORTIVE TREATMENT TO THE FOOT OR ANKLE:

714.7 Rheumatoid Arthritis, Ankle/Foot
715.7 Osteoarthritis, Ankle/Foot
718.87 Joint Derangement, Ankle/Foot
726.70 Enthesopathy of Ankle
727.68 Rupture of Tendons, Foot/Ankle
726.72 Calcaneal Spur
727.1 Bunion
728.71 Plantar Fibrometosis
728.87 Other Disorders of the Ligaments and Fascia, Foot/Ankle
733.94 Stress Fracture of Metatarsals
736.79 Acquired Deformity, Foot/Ankle
754.61 Congenital Pes Planus (Flat Feet)
755.61 Coxa Valga, Congenital
845.01 Sprain of Deltoid, (Ligament Ankle)
755.62 Coxa Vera, Congenital
845.02 Sprain of Calcaneofibular Ligament
845.03 Sprain of Tibiofibular Ligament
845.12.1 Sprain of Interphalangeal Joint/Toe

SAMPLE LETTER OF MEDICAL NECESSITY FOR CUSTOM FITTED ORTHOTICS

Date

XYZ Insurance Systems
124 We Don't Care Blvd.
Show-me-the-money, FL 99987

RE: Mary Goodpatient
ID# 987654321

I am writing to provide the clinical justification you require to support my decision to fit Mrs. Goodpatient with custom fitted orthotics.

Mrs. Goodpatient presented to our office on 04-04-04 for evaluation and treatment of (lower back pain, foot pain, any other type of condition that will warrant fitting orthotics).

X-rays were taken on 04-04-04 indicating (*GIVE BRIEF X-RAY OVERVIEW AND DENOTE ANY CONDITION RELATED THAT MAY BE PRESENT*).

An examination was performed on 04-04-04 and indicated (*GIVE BRIEF EXAMINATION OVERVIEW LISTING POSITIVE FINDINGS AND PARTICULARLY THOSE RELATED*) Examination of the feet indicated (indicate those foot conditions that warrant the fitting of orthotics).

Outcome assessment tools were administered to Mrs. Goodpatient on 04-05-04. On the Revised Oswestry Low Back Disability Questionnaire, she indicated that standing was limited to 10 minutes without before pain required her to sit for a period of time. She also indicated that pain prevented her from walking more than ¼ mile. This limited function was noted and, in my professional opinion, this patient will benefit from custom fitted orthotics. My functional goals are designed with the purpose of supporting her body during walking and standing, and helping to protect the spine, bones, and soft tissues from damaging shock stress as she moves. Among the functional goals set for this patient is the goal to increase her tolerance to standing for up to a period of one hour at a time by DD/MM/YY.

The patient was casted/optically scanned on DD/MM/YY on and orthotics were ordered. A treatment plan was formulated utilizing a combination of chiropractic treatment and passive and active therapy to bring this patient to a point of maximum improvement. A full explanation of the treatment plan can be found under separate cover.

Mrs. Goodpatient will benefit from this proactive, well-balanced approach to her rehabilitation in this matter. Thank you for considering the necessity of these custom fitted orthotics.

Sincerely,

Dr. Les Payne