What's in a Name (er, Code)?

Here's some advice on selecting the proper orthotic code.

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Welcome to Codingline Particulars, a regular feature in Podiatry Management focusing on foot and ankle coding, billing, and practice management issues.

One of the most frequently noted errors in billing for a foot and ankle specialist is the appropriate coding of custom foot orthotics dispensed. These coding mistakes are not surprising given the HCPCS resource—several decades old—and the varying and often wholly nonsensical code-to-device requirements imposed on providers by payers. Specifically, I am referring to custom foot orthotic HCPCS codes L3000, L3010, L3020, and L3030. How are these codes/devices described in the HCPCS manual, what is the difference among them, can they be used interchangeably, and do we really need all these codes to describe a class of foot orthotics that are custom, functional, and accommodative?

HCPCS Descriptions of Custom Foot Orthotics

L3000—Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each

L3010—Foot, insert, removable, molded to patient model, longitudinal arch support, each

L3020—Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each

L3030—Foot insert, removable, formed to patient foot, each

Leaving L3000 and L3030 aside for a few moments, what is the difference, really, between these and L3010? And how significant is that difference? Is the L3020 "metatarsal support" any more a technical add-on than foam padding, wedging, change in top cover, or altering the height or selected convexity of any custom foot orthotic device? Is the manufacturing cost appreciably different between a custom "longitudinal arch support" and a custom "longitudinal [arch support]/metatarsal support? Could they be combined as a single HCPCS code and description?

L3030

What about L3030? This is one of the most blatantly incorrectly billed codes of the four custom foot orthotic device codes. How so? Well, if this were an IQ test question, it would read, "Which of the four codes doesn't belong with the other three? Stumped? Well, it is the only code that is described as "formed to patient foot". The other three are "molded to patient model". "Formed to patient foot" means the device is fabricated directly to the patient's foot…and who does that? Maybe it applies to someone who takes a plastic foot orthotic shell and heats it, and then applies the softened shell directly to the foot, allowing it to mold. But in that case, the argument could easily be made that that is not a custom made orthotic device, but a customized shell (i.e., something between a stock arch support and a truly custom foot orthotic device). This is a coding "no-man's-land".

Why do providers—foot and ankle specialists, chiropractors, and orthotists—still bill L3030 when they obviously dispense a custom foot orthotic? There are three reasons: 1) they have been billing the code forever without actually reading the description and getting paid; 2) the insurance company custom foot orthotic policy says to bill L3030 if you want to get paid; and 3) they are actually creating a true custom foot orthotic by "forming it directly to the patient's foot" (I, for one, would like to know how they do that).

One of the most frequently noted errors in billing for a foot and ankle specialist is the appropriate coding of custom foot orthotics dispensed.

L3000

L3000, with all its description "UCB-type"; ("Berkeley shell") is the device that most commonly represents the custom foot orthotic—the type podiatrists dispense even though the device is not a high-flanged UCB-type device or a "Berkeley shell." If that were the case, what could possibly be the reason for so many providers coding L3000 when dispensing custom foot orthotics? Actually, it is the official HCPCS illustrated picture from the American Orthotic and Pros-

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thetic Association of L3000 (versus L3010, L3020, or even L3030) that helps establish the coding choice.

Unlike L3010, L3020, and L3030, L3000's illustration has a raised heel cup or seat that is meant to control the foot by stabilizing the rear foot. An "arch" can be added to assist in the process. A "true" instead of a "modified" UCB device has an exaggerated "heel seat" with high medial, lateral, and posterior flanges or "walls". None of the other orthotic custom foot orthotic devices (L3020-L3030) are illustrated having any heel cup or seat. The illustration evidences a flat plate where the heel hits. For those providers who specifically want to control the rear foot with a heel cup/seat component (albeit lower in height—modified—from the classic UCB device), the only code that comes close to describing the device is L3000.

Hey, It's Not Just Me Telling You This…

In 2012, actually over several years, representatives from the American Podiatric Medical Association (APMA), American Orthotic and Prosthetic Association (AOPA), and Prescription Footwear Association (PFA) met to discuss the confusing HCPCS L3000, L3010, L3020, and L3030 descriptions. The organizations mutually agreed on the following guidelines* for the device codes:

L3000—Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each

Guideline: Prescription Custom Fabricated Foot insert, each, removable. This type of device is fabricated from a three-dimensional model of the patient's own foot (e.g. cast, foam impression, or virtual true 3-D digital image). This type of orthotic is a functional device (reducing pathological forces) which has a molded heel cup and trim lines with substantial height to provide both medial and lateral directive forces to control the hind and fore foot. It may also have intrinsic or extrinsic posts designed to control foot motion. This device is made of a sufficiently rigid material to control function and reduce pathological forces. HCPCS code L3000 includes additions such as postings, padded top covers, soft tissue supplements, balance padding and lesion or structure accommodations. Other additions may be required as well.

L3010—Foot, insert, removable, molded to patient model, longitudinal arch support, each

Guideline: Prescription Custom Fabricated Foot insert, each, removable. This type of device is fabricated from a three-dimensional model of the patient's own foot (e.g., cast, foam impression, or virtual true 3-D digital image). This type of orthotic is an accommodative/functional device, which has minimal to no heel cup

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and is intended to control the forefoot through a longitudinal arch support. It may also have an intrinsic or extrinsic posts designed to control foot motion. This device is made of a sufficiently rigid material to reduce pathological forces. HCPCS code L3010 includes additions such as postings, padded top covers, soft tissue supplements, balance padding and lesion or structure accommodations. Other additions may be required as well.

L3020—Foot insert, removable, molded to patient model, longitudinal/metatarsal support

Guideline: Prescription Custom Fabricated Foot insert, each, removable.

This type of device is fabricated from a three dimensional model of the patient's own foot (e.g. cast, foam impression, or virtual true 3-D digital image). This type of orthotic is an accommodative/functional device, which has minimal to no heel cup and is intended to control the forefoot through a longitudinal arch and metatarsal support. It may also have an intrinsic or extrinsic posts designed to control foot motion. This device is made of a sufficiently rigid material to reduce pathological forces. HCPCS code L3020 includes additions such as postings, padded top covers, soft tissue supplements, balance padding and lesion or structure accommodations. Other additions may be required as well.

L3030—Foot insert, removable, formed to patient foot, each

Guideline: Prescription Custom Fabricated Foot insert, each, removable. This type of device is formed directly to the patient's foot through the use of an external heat source. The heat source should sufficiently and permanently alter the shape of the device, activating a resin, or other method by which the shape of the device is sufficiently and permanently altered in order to provide continuous contact with the unique characteristics of the plantar aspect of the patient's foot. It may also have an intrinsic or extrinsic post designed to control foot motion.This type of orthotic is an accommodative/functional device. This device is made of sufficiently rigid material to control foot motion and or reduce pathological forces. HCPCS code L3030 includes additions such as postings, padded top covers, soft tissue supplements, balance padding and lesion or structure accommodations. Other additions may be required as well.

* These are not HCPCS guidelines (there are no comparable HCPCS guidelines). These are guidelines mutually agreed to by these associations/organizations whose members provide the vast majority of custom foot orthotics for their patients/customers. APMA members can find the document on the

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APMA "Member's Only" website under "DME Physician Supplier" ("L-Code Foot Orthotic Clarification")

Finally, providers—foot and ankle specialists—have a set of guidelines to assist them in choosing the code that best describes the custom foot orthotic device(s) being dispensed to patients. In addition, these guidelines—and that is what they are—also provide a reference from professional organizations that can be referenced when appealing modified or denied claims from non-Medicare payers that have custom foot orthotics as benefits under their patients' plans.

And what about Medicare and foot orthotics? Well, suffice it to say that in just about any case—with rare exceptions—Medicare does not cover custom foot orthotics (L3000-L3030). Here is the CMS manual language:

"Section 290—Foot Care; (B) Exclusion from Coverage; (3) Supportive Devices for Feet

Orthopedic shoes and other supportive devices for the feet generally are not covered. However, this exclusion does not apply to such a shoe if it is an integral part of a leg brace, and its expense is included as part of the cost of the brace. Also, this exclusion does not apply to therapeutic shoes furnished to diabetics."

If you happen to be billing Medicare L3000 (or L3010, L3020, or L3030) with a "KX" modifier along with the anatomic modifier AND you are getting paid by your Medicare DME contractor, the only reason you are getting paid is because you are attesting to Medicare that those patients are wearing one or more "shoes that are an integral part of a leg brace" (which, in fact, is both rare in fact and necessity). Best of luck in your audit.

So, How Does Medicare Define Off-the-Shelf Versus Custom Fitted Pre-fabricated Orthotics (Braces)?

The following is a joint DME MAC publication specifically addressing the above:

"As part of the 2014 HCPCS update, codes were created describing certain off-the-shelf (OTS) orthotics. Some of these codes parallel codes for custom fitted versions of the same items. Refer to the appropriate local coverage determination (LCD) for a list of codes.

When providing these items suppliers must:

- Provide the product that is specified by the ordering physician, i.e., (1) type of orthosis and (2) method of fitting (OTS or custom fitted).
- Be sure that the medical record justifies the need for the type of product and method of fitting.
- Be sure only to use the code that accurately reflects both the type of orthosis and the appropriate level of fitting.
- Have detailed documentation that justifies the code selected for custom fitted versus OTS codes).

The following definitions will be used for correct coding of these items.

Off-the-shelf (OTS) orthotics are:

- Items that are pre-fabricated.
- They may or may not be supplied as a kit that requires some assembly. Assembly of the item and/or installation of add-on components and/or the use of some basic materials in preparation of the item does not change classification from OTS to custom fitted.
- OTS items require minimal self-adjustment for fitting at the time of delivery for appropriate use and do not require expertise in trimming, bending, molding, assembling, or customizing to fit an individual.
- This fitting does not require expertise of a certified orthotist or an individual who has equivalent specialized training in the provision of orthoses to fit the item to the individual beneficiary.

The term "minimal self-adjustment" is defined at 42 CFR §414.402 as an adjustment the beneficiary, caretaker for the beneficiary, or supplier of the device can perform and that does not require the services of a certified orthotist (that is, an individual who is certified by the American Board for Certification in Orthotics and Prosthetics, Inc., or by the Board for Orthotist/Prosthetist Certification) or an individual who has specialized training. For example, adjustment of straps and closures, bending or trimming for final fit or comfort (not all-inclusive) fall into this category.

Fabrication of an orthosis using CAD/CAM or similar technology without the creation of a positive model with minimal self-adjustment at delivery is considered as OTS.

Fabrication of an orthosis using CAD/CAM or similar technology without the creation of a positive model with minimal self-adjustment at delivery is considered as off-the-shelf.

Custom fitted orthotics are:

- Devices that are pre-fabricated.
- They may or may not be supplied as a kit that requires some assembly. Assembly of the item and/or installation of add-on components and/or the use of some basic materials in preparation of the item does not change classification from OTS to custom fitted.
- Classification as custom fitted requires substantial modification for fitting at the time of delivery in order to provide an individualized fit, i.e., the item must be trimmed, bent, molded (with or without heat), or otherwise modified, resulting in alterations beyond minimal self-adjustment.
- This fitting at delivery does require expertise of a certified orthotist or an individual who has equivalent specialized training in the provision of an orthosis to fit the item to the individual beneficiary.

Substantial modification is defined as changes made to achieve an individualized fit of the item that requires the expertise of a certified orthotist or an individual who has equivalent specialized training in the provision of orthotics such as a physician, treating practitioner, an occupational therapist,

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or physical therapist in compliance with all applicable federal and state licensure and regulatory requirements. A certified orthotist is defined as an individual who is certified by the American Board for Certification in Orthotics and Prosthetics, Inc., or by the Board for Orthotist/Prosthetist Certification.

Use of CAD/CAM or similar technology to create an orthosis without a positive model of the patient may be considered as custom fitted if the final fitting upon delivery to the patient requires substantial modification requiring expertise as described in this section.

A certified orthotist is defined as an individual who is certified by the American Board for Certification in Orthotics and Prosthetics, Inc., or by the Board for Orthotist/Prosthetist Certification.

Kits are:

- A collection of components, materials and parts that require further assembly before delivery of the final product.
- The elements of a kit may be packaged and complete from a single source, or may be an assemblage of separate components from multiple sources by the supplier.

Refer to the Contractor Supplier Manual, applicable Local Coverage Determination and related Policy Article for additional information about other coverage, coding and documentation requirements.

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Dr. Goldsmith of Cerritos, CA is editor of Codingline.com and recipient of the Podiatry Management Lifetime Achievement Award.