

## FAQ: Casts and Orthoses

### What is a Cast Material vs. a Thermoplastic Material?

- Casting Material = Plaster of Paris, Fiberglass
- Thermoplastic Material/Tape = Orficast, QuickCast

### What codes to use?

- Casting Material – CPT 29000 series
- Thermoplastic Material/Tape – L Codes

### How to handle multiple cast or orthosis adjustments?

- Casting Material – New cast up to 8 – 10 visits. Improvement must be measurable and clearly documented.
- Thermoplastic Material – For adjustments consider CPT code 97763 *if* compliant w/8 minute rule

### Coding for multiple adjustments or ‘new’ cast/orthoses the clinician should carefully consider the following prior to coding:

- Cost of materials: Thermoplastic material vs. Plaster/Fiberglass materials
- Code reimbursement: What does an L Code vs. CPT Code reimburse
- Check with your local DME MAC for coverage of L Codes vs. CPT codes
- Check with individual payer / plan coverage
- What is the Patient’s responsibility (co-insurance, co-pay, DME deductibles)
- Check your employers specific directives & policies on how they recommend coding for these services
- For Medicare, always be compliant with the 8 minute rule for CPT codes (97760, 97763)

### Does Medicare pay for replacement orthoses?

- Orthoses that are ‘worn out’ are not typically covered by Medicare.
- A new physician’s order and certificate of medical necessity is required *with* documentation regarding circumstances necessitating replacement.
- The ‘new’ orthosis should be coded with the replacement (RA) modifier to indicate that it is a replacement
- Replacements are covered for loss, theft or natural disaster. A police report or patient signed statement must be in chart.

### Not DME Certified? Can I bill non-Medicare payers if not a DME supplier?

Yes you can.

Providers do not have to be DME certified when billing private payers or Workman's Compensation using L codes.

- Payers cover orthoses in different ways! Know your policies!
- To avoid denials or unexpected patient out of pocket expenses call carriers, have patients call customer service to verify your information!
- Some carriers accept use of 97760 & 97763 instead of L codes  
97760 code covers assessment, fabrication time & instruction on the **initial encounter**, not the materials  
97763 code covers **subsequent encounters** for assessment, fit, modifications.....
- Not all insurance plans cover orthoses! Check carrier before issuing or fabricating

#### **How do I bill for an 'Orthosis Only' visit?**

**Medicare:** If you are a DME supplier use an L code

- L codes include evaluation, fitting and adjustment, for 'orthosis only' no separate and distinct initial evaluation should be billed.
- Code 97760 'orthotic fitting and training' may also be reported with the L code, on the initial encounter, if additional training/instruction due to circumstances such as learning disability, complex functional training to patient, parent, guardian on initial encounter only etc.

#### **Private Insurance**

- Contact carrier, request if and how they reimburse for an 'orthosis only'? (is it via L Codes or CPT codes)

#### **If billing with CPT code**

- Use 97760 (orthotic fitting and training), at the initial encounter, which also includes evaluation.
- Bill separately for supplies as the 97760 code does not include supplies.