

FAQ: What's Included in an L Code

The L-Code is generally inclusive of the evaluation, cost of base materials, fabrication, fitting, and adjustments to the orthosis. The Current Procedural Terminology (CPT) code 97760 (a time dependent code), used for initial encounter only, may be used in conjunction with the L-Code only if training goes above and beyond what is considered customary. The CPT code should not be used for basic and routine training for use and care. It is imperative that documentation must justify why the training time was lengthened and what that training entailed. An evaluation CPT code (97003 OT or 97001 PT) can only be charged at the time of orthotic fabrication/dispensing if the orthosis is part of a treatment plan and the patient will be seen for ongoing treatment. If bilateral orthoses are dispensed or fabricated then a modifier is required on the billing form; Rt for right upper extremity and Lt for the left upper extremity.

HOW & WHEN TO USE 97760 & 97763

As of January 1, 2018, The Current Procedural Terminology (CPT) Editorial Panel revised the set of codes physical and occupational therapists use to report orthotic and prosthetic management and training services by differentiating between initial and subsequent encounters through the;

- Addition of the term “initial encounter” to the code descriptors for CPT codes 97760 and 97761
- Creation of CPT code 97763 to describe all subsequent encounters for orthotics and/or prosthetics management and training services
- Deletion of CPT code 97762

CMS definition of code 97763

CPT code 97763 Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, *subsequent* orthotic(s)/prosthetic(s) encounter, each 15 minutes. According to the CMS document released on November 21, “CPT code 97763 is designated as ‘always therapy’ and must always be reported with the appropriate therapy modifier, GN, GO or GP, to indicate whether it’s under a Speech-language pathology (SLP), Occupational Therapy (OT) or Physical Therapy (PT) plan of care, respectively.” 97763 should be used “to describe all subsequent encounters for orthotics and/or prosthetics management and training services.”

CMS definition of code 97760 and 97761

The new long descriptors for CPT codes 97760 and 97761 is now intended only to be reported for the *initial encounter* with the patient are:

- CPT code 97760 (Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes)
- CPT code 97761 (Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes)