# Orthotic and Prosthetic Appliances: Billing Examples

Page updated: August 2020

Examples in this section are to assist providers in billing for orthotic and prosthetic appliances on the CMS-1500 claim form. Refer to the Orthotic and Prosthetic Appliances and Services section of this manual for detailed policy information. Refer to the CMS-1500 Completion section of this manual for instructions to complete claim fields not explained in the following examples. For additional claim preparation information, refer to the Forms: Legibility and Completion Standards section of this manual.

## **Billing Tips**

When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If requested information does not fit neatly in the *Additional Claim Information* field (Box 19) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

### **Orthosis Repair**

Figure 1. Orthosis Repair.

This is a sample only. Please adapt to your billing situation. Sample attachments are not illustrated in this example.

This example shows unlisted orthosis repair. The complete description of the procedure must be attached to the claim and "See attachment" entered in the *Additional Claim Information* field (Box 19).

HCPCS codes L4205 (labor) and L4210 (materials) are entered in the *Procedures, Services or Supplies* field (Box 24D).

In this example, authorization is required because the orthotic repair exceeds the specified *Treatment Authorization Request* (TAR) threshold (limit), and the TAR number is entered in the *Prior Authorization Number* field (Box 23). See the *Orthotic and Prosthetic Appliances and Services* section in this manual for more information about TAR threshold amounts of orthotic and prosthetic devices.

Since the orthosis repair was made at the patient's home, a "12" is entered in the *Place of Service* field (Box 24B).

Labor is billed in units of time. When billing time, enter it in 15-minute increments (for example, to bill for an hour you would enter "4"). In this example, "3" is entered in the *Days or Units* field (Box 24G) to indicate that 45 minutes of labor is being billed.

Enter the usual and customary charges in the *Charges* field (Box 24F).

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Figure 1. Orthosis Repair.

#### **Custom-Made Device**

Figure 2. Custom-Made Device.

This is a sample only. Please adapt to your billing situation. Sample attachments are not illustrated in this example.

In this example, an orthotics manufacturer is billing for a custom-made orthotic appliance. HCPCS code L1980 (AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff, custom fabricated) is entered in the *Procedures, Services or Supplies* field (Box 24D). HCPCS code L1980 is billed with modifier LT (left side) to indicate that the appliance is for use on the left side of the body. For additional information about the use of LT or RT modifiers, see the *Orthotic and Prosthetic Appliances and Services* section in this manual.

For a custom-made appliance, the date of service is the date the appliance was delivered to the recipient; therefore, the delivery date is entered in the *Date of Service* field (Box 24A). A copy of the invoice must be attached showing the cost of parts used in the manufacture of the custom-made item; a statement indicating this is also entered in the *Additional Claim Information* field (Box 19).

In this example, authorization is <u>not</u> required because the orthotic device does not exceed the specified TAR threshold (limit). See the *Orthotic and Prosthetic Appliances and Services* section in this manual for more information about TAR threshold amounts of orthotic and prosthetic devices.

The referring physician's name and NPI are entered in the *Name of Referring Provider or Other Source* field (Box 17) and *NPI* field (Box 17B) because a written prescription by a licensed practitioner is required for all orthotic and prosthetic appliances.

Enter the usual and customary charges in the *Charges* field. Also, a "12" has been entered in the *Place of Service* field (Box 24B) to indicate that the device was delivered to the patient's home.

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Figure 2. Custom-Made Device.

Page updated: May 2022

#### **Bilateral Appliances**

Figure 3. Bilateral Appliances.

This is a sample only. Please adapt to your billing situation. Sample attachments are not illustrated in this example.

This example shows billing for bilateral appliances. HCPCS code L1820 (knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment) is entered in the *Procedures, Services or Supplies* field (Box 24D) on two separate claim lines with appropriate modifiers LT (left side) and RT (right side). A quantity of "1" is entered in the *Days or Units* field (Box 24G) for each claim line.

«Refer to the *Orthotic and Prosthetic Appliances and Services s*ection in the appropriate Part 2 manuals for more information about bilateral orthotic and prosthetic devices.»

Because the custom fabricated orthotic devices were provided at the office, an "11" is entered in the *Place of Service* field (Box 24B).

Enter the usual and customary charges in the Charges field (Box 24F).

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İ	5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
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	958235555 (916)555-5555		ZIP CODE TELEPHONE (Include Area Code)
ŀ	9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER
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Ĩ	IUCC Instruction Manual available at: www.nucc.org	PLEASE PRINT OR TYPE CR	061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

Figure 3. Bilateral Appliances.

## «Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
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<b>&gt;&gt;</b>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.