

Highlight from “Orthotics Coding Q & A” with Harry Goldsmith, DPM from Codingline

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Q: Is L3000 the proper code to bill (for custom orthotics)

A: A payer may direct you to a single specific foot orthotic code it wants you to bill, regardless of the type of device dispensed. That is “okay” as long as you have that information in writing prior to submission of the claim. Having said that, specifically L3000 is the proper custom foot orthotic code a foot and ankle specialist would bill if the lab creates a custom device with a heel seat specifically included to stabilize the rearfoot and therefore the remainder of the foot. How do I know this? The following is an excerpt from an L3000 opinion published in the Members Only section of the APMA website:

“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 10 mm or greater in height to provide both medial and lateral directive forces to control the hindand forefoot. 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.”

No other custom foot orthotic code, L3010, L3020, or L3030, provides a 10 mm or greater heel cup.

Just a reminder regarding L3030: it is defined as “foot insert, removable, formed to patient foot, each.” That means it is formed directly to the patient’s foot through the use of an external heat source, and not created through a mold or scan.