



FAQ: Casts and Orthoses

What is cast material vs. Thermoplastic material?

- Casting material=plaster of paris, fiberglass
- Thermoplastic material/tape=thermoplastic, oricast, 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 with 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 vs. plater/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)
- For Medicare (and many commercial carriers), if the patient received the same L code in the past 5 years

Does Medicare pay for replacement orthoses?

- Orthoses that are ‘worn out’ are not 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 on the claim with the replacement modifier (RA) to indicate that it is a replacement
- Replacements are covered for loss, theft or natural disaster, or irreparable damage. A police report or patient signed statement must be in the chart

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

- Yes you can bill L codes or procedure codes in this case. Providers do not have to be a DME supplier when billing private payers or Workman’s compensation using L codes.
- Payers cover orthoses in different ways. Know the policies!

- To avoid denials or unexpected patient out of pocket expenses call carriers, have patients call customer service to verify their coverage and 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 with 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 code includes 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