

Upcoming Code Edits (Effective June 1, 2021)

Beginning June 1, 2021, BlueCross BlueShield of Tennessee (BCBST) will implement the following new code editing policy to ensure appropriate coding guidelines are followed for claims submitted for reimbursement.

Durable Medical Equipment and Supplies Policies

Orthoses Addition Codes - Included in the Primary Procedure

Per the Centers for Medicaid and Medicare Services (CMS) Policy, certain orthotic additions describe components or features that can be physically incorporated in the specific custom fabricated base orthosis and are included in the allowance for the orthosis. These supplies will be denied as not separately payable if they are reported with the related base orthosis code.

The following table lists the addition codes which describe components or features that can be physically incorporated in the specified prefabricated or custom fabricated base orthosis but are included in the primary procedure. These addition codes, when billed with the related base code below, will be denied.

Base Code	Addition Codes
L1810	L2390, L2750, L2780, L4002
L1812	L2390, L2750, L2780, L4002
L1820	L2390, L2750, L2780, L2810, L4002
L1830	K0672, L4002
L1831	K0672, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1832	K0672, L2390, L2425, L2430, L2750, L2780, L2820, L2830, L4002
L1833	K0672, L2390, L2425, L2430, L2750, L2780, L2820, L2830, L4002
L1834	K0672, L2820, L2830, L4002
L1836	K0672, L2750, L2780, L2810, L2820, L2830, L4002
L1840	K0672, L2320, L2330, L2750, L2780, L2810, L2820, L2830, L4002
L1843	K0672, L2275, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1844	K0672, L2275, L2320, L2330, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1845	K0672, L2275, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1846	K0672, L2275, L2320, L2330, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1847	K0672, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1848	K0672, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1850	K0672, L2750, L2780, L2810, L2820, L2830, L4002
L1851	K0672, L2275, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1852	K0672, L2275, L2390, L2425, L2430, L2750, L2780, L2810, L2820, L2830, L4002
L1860	K0672, L2820, L2830, L4002

All addition codes not listed as either separately payable or not medically necessary in the tables in the local coverage determination (LCD) or as not separately payable in the table above. This table lists components or features that either can't be physically incorporated in the specified base orthosis or whose narrative description is incompatible with base orthosis code. For example, billing a prefabricated base code with an addition code, which specifies it's only used with custom fabricated orthoses. These incompatible addition codes will be denied as incorrect coding.



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Durable Medical Equipment and Supplies Policies - Correct Use of Anatomic Modifiers

CMS Policy:

- indicates prosthetics and orthotics reported bilaterally are to be reported with the right (RT) and/or left (LT) modifiers.
- provides coverage for orthotics to support a weak or deformed body part or to restrict motion in a diseased or injured part of the body. A brace is a rigid or semi-rigid device, which is used for this purpose.
- provides coverage for prosthetic devices (other than dental) which replace all or part of a permanently inoperative or malfunctioning body part when furnished on a physician's order.

For those orthotics or prosthetics that may be billed bilaterally, CMS requires the use of the RT or LT modifier to define which side is being supported (orthotic) or replaced (prosthetic). When billed with modifier 50 (Bilateral procedure), they will be denied.

The following groups will be denied if billed without a RT or LT modifier for those codes that are bilateral in nature:

- Ankle Foot/Knee Ankle Foot Orthotics (KAFO)
- External Breast Prosthesis
- Eye Prosthesis
- Facial Prosthesis
- Knee and Arm Orthotics
- Lower Limb Prosthesis
- Orthopedic Footwear
- Upper Limb Prosthesis

Additionally, the following HCPCS codes for "pair" will be denied when billed with a RT or LT modifier:

Medical and surgical supplies, pair	A4556, A4557, A4930, A7029, A7033
Crutches, pair	E0110, E0112, E0114
Wheelchair accessories, pair	E0155, E0988, E1010, K0020, K0195
Peroneal straps, pair	L0980
Benesch boot, pair	L3212, L3213, L3214

Durable Medical Equipment and Supplies Policy - Modifier Requirements (Right and Left)

According to CMS policy, the RT and/or LT modifiers must be used when billing shoes, inserts, or modifications such as A5500-A5514 and K0903.

If A5500-A5514 (Therapeutic shoe/insert/modification for diabetics only) or K0903 is billed and modifier RT or LT is not appended to the claim line these services will be denied.