



FOOT LEVELERS

Stand Out Above the Rest with Custom Orthotics

REFERENCE GUIDE



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Stand Out Above the Rest with Custom Orthotics

We have finally reached a time in society where patients are in the driver's seat when it comes to their healthcare. With laws and regulations focused on transparency, interoperability, and consumer protection, patients are more aware of their healthcare options. The expansive resources available online about alternative care have resulted in patients who are more interested in understanding the why when it comes to their pain. They now look to alternative options rather than typical allopathic solutions such as pain medicine or invasive procedures. Chiropractic care is now the first stop rather than the last option.

Patient Education

Chiropractors should lead the way in keeping patients in the know when it comes to the probable cause of their knee, hip, and low back pain. Studies have proven that excessive pronation is linked to low back pain, knee injuries, as well as many other mechanical stressors. This in turn leads to chronic issues that impact the feet, knees, hips, pelvis, and back. The solution to many of these issues is to establish a solid foundation for the foot - not solid in the sense of a prefabricated, rigid foot orthotic.

Scan Every New Patient

Your patients and staff might be surprised by the fact that our feet have three arches. For too long, patients have been operating on the incorrect belief that we only have one arch under each foot. The first step in treating the source of the pain or biomechanical skeletal issue is to educate patients on the impact the feet have on the rest of the closed kinetic chain...then teach them the cause and offer the solution.

Not All Orthotics are Alike

Dr. Brian Jensen* stated, **“Creating a cast or mold of the foot in a non-functional position ignores the importance of the neurological feedback mechanism of proprioception, which is our perception or awareness of the position and movement of the body. To get an optimal patient response to orthotic use, the orthotic must allow the nervous system to engage the complexities of movement, balance, coordination, and strength. Non-weightbearing assessment and the rigid or semi-rigid orthotics that are made from that assessment often find themselves tucked away in a sock drawer because the reality is that they inhibit the proprioceptive response negatively affecting pain and movement.”**

Foot Levelers' functional orthotics are designed to provide both the instant “ah” factor that over-the-counter orthotics promote, and the actual needed support for the patient's arches that will relieve pain now and prevent pain later by compensating for any and all of the patient's weakened arches to correct their posture.

You can STAND OUT as a chiropractic clinic that facilitates a healthy and pain free lifestyle for patients by assessing the patient's feet through a weight-bearing scanning or foam casting process. **Do not let the coding and billing requirements hold you back from providing this needed service to patients.**



QUICK TIP

Foot Levelers offers the ONLY custom orthotics that support all 3 arches of the feet.

**Dr. Brian Jensen is a 1987 graduate of Palmer Chiropractic College. Dr. Jensen owns Cave Spring Chiropractic in Roanoke, Virginia. He has shared his experience with other doctors in continuing education seminars over the past 13 years in the U.S. and abroad.*



Simple Steps to Orthotic Implementation

Educating your patients is the first step in offering functional orthotics or custom footwear. The next challenge is understanding the billing and coding requirements. Medical coding is the shorthand used by insurers to understand your patient's care, but it does not stand alone. It must be supported by the provider's documentation that must show medical necessity. Once you have that in place, each claim is also dependent on state and federal laws and regulations, as well as insurance and payer policies. Coverage of items and services may be dependent on the practitioner's licensure, the scope of practice restrictions, or other requirements in the state practice act. All of these are subject to change. In short, not all billing and coding rules or patient care situations can be addressed in a single document.

The aim of this guide is to bring you fundamental elements to use in your clinical decision-making and claims filing. It has embedded links throughout the document that will take you to online resources that explain in greater detail the 'how' when it comes to setting up compliant and successful billing procedures. The information here is intended as general information only. It is not intended to serve as medical or legal advice or as a substitute for the professional advice of a medical coding professional. While this document and the corresponding online resources represent our best effort to provide correct information and useful advice, we cannot guarantee that third-party payers will recognize and accept our coding and documentation recommendations.

QUICK TIP

Educate Patients from the Start
When the foot hits the ground, everything changes.

Step One—Establish a Clinical Need for Orthotics

A new patient exam requires the provider to evaluate and measure function, strength, motion, and gait. The exam findings set up the need for treatment. Focus on building a process, from the start, to incorporate custom orthotics into the exam procedure by asking the right questions. Remember, the exam is an opportunity to learn about the patients' needs while at the same time educating them on the cause of their pain. To address all the patient's needs, when taking a patient history, it is important to explore all conditions that could benefit from orthotic fitting. The typical spinal-related questions, as well as questions about shoe size, width, foot pain, and activity level, should be asked.

QUICK TIP

Scan Every New Patient Equally as important as taking vitals on the initial exam.

Simple History Questions Lead to Medical Necessity

- Are the symptoms affected by walking, standing, or climbing stairs?
- Do you avoid activity due to pain in your feet or lower extremities?
- Do you have to elevate your feet to get comfortable?
- Do you use any type of home therapies for your feet and lower extremities?
- Have you tried heel lifts, over the counter (OTC) analgesics, OTC insoles, rigid orthotics, padding, changing your shoes, or injections?

Additionally, it may be helpful to ask the patient about other treatments tried or considered and ruled out. Where applicable, document why these prior alternatives did not work out favorably, or why they stopped working.

Identify & Document

When orthotics are being considered, it is recommended that your documentation not only describes the patients' symptoms, but also supplies objective evidence to support the need for functional orthotics. The exam should include one or more of the following:

- **5 Red Flags of Pronation**
- Global postural distortions
- Structural X-ray anomalies
- Functional squat test
- Range of motion
- Orthopedic/Neurological tests
- Digital foot/posture assessment

The **KMC University Functional Foot Examination form** is a perfect tool for capturing everything related to the clinical need for orthotics. Use it as a stand-alone, or to customize your Electronic Health Record (EHR) macros.

QUICK TIP

Pay Attention to Shoe Wear
Bringing this to the attention of a patient is a great way to establish clinical need for orthotics.

The Treatment Plan

To establish medical necessity and clinical appropriateness, the written treatment plan should include the following elements:

- Recommended level of care to include duration and frequency of visits
- Methods of treatment to be used (i.e., adjustments, therapies, functional orthotics, rehab)
- Specific treatment goals, including goals for the functional orthotics
- Objective measures to evaluate treatment effectiveness and the effectiveness of functional orthotics
- Planned modalities and procedures, including those adjunctive treatments to support the necessity of functional orthotics

QUICK TIP

Scan & Prescribe
DC should focus on establishing clinical need. Staff can focus on verification and reimbursement.

Step Two- Insurance Coverage & Benefits

Insurance coverage for functional orthotics is an important consideration for most patients. Even when patients have coverage for functional orthotics in their benefits package, there is no guarantee that clinically appropriate will meet the criteria as a covered benefit under the plan. Third-party payers often develop their own medical policies that they use to decide whether items are considered medically necessary and, therefore, payable under the plan. Medical review policies for functional orthotics often spell out covered conditions and diagnosis codes, as well as the CPT and Healthcare Common Procedure Coding System (HCPCS) codes considered appropriate for payment.

QUICK TIP

Eligibility vs. Verification
Eligibility check tells you that the patient is insured. Verification tells you whether you will get reimbursed.

Steps To Successful Reimbursement

- **Locate** the **Orthotics and Prosthetics Medical Review Policy (MRP)** for the patient's payer. In addition to the MRP, look for Chiropractic Benefits, Spinal Manipulation benefits, Reimbursement Policies, Coding Policies, and Rehabilitative Care policies. Place this information in an insurance binder or electronic file in your insurance documents.

QUICK TIP

Check Medical Review Policies (MRP)
MRPs are the map to reimbursement. Stay on track by reviewing each and every payer's MRP on orthotics.

- **Identify** whether orthotic coverage exists. Take note of all the parameters, such as place of service, authorized provider type, limitations, approved conditions, etc.
- **Verify** coverage and benefits. Due to the increase in consumer empowerment, most payer portals offer coding simulation resources. These online resources allow the provider to enter procedure and diagnosis codes to confirm coverage. Customize and utilize the **Orthotics Verification Form** and call the payer to request detailed coverage information. Keep note of all reference numbers or other proof of verification.

QUICK TIP

Verify on Every Patient
Confirm orthotic coverage for every patient. Do not wait until it is prescribed.

- **Choose** the reimbursement path Insurance - coverage or self-pay (cash). Keep in mind federal consumer protection laws, such as the No Surprises Act* likely apply when handling non-covered services and self-pay patients. Check out the Insurance vs Cash options [here](#).

QUICK TIP

Consider the \$1001 Billing Option
Utilize this code when the fee schedule doesn't cover the doctor's costs and the patient is willing to absorb the difference for this luxury item.

Be Proactive

If one of your in-network payers provides a substandard allowed fee for orthotics, consider taking action. Simply utilize the letter template titled, **Request to Amend Provider Agreement to Permit Billing for Upgraded Products** and let your voice be heard.

**If the patient is not utilizing health insurance, or is uninsured, a provider must offer a Good Faith Estimate. This is a requirement from the No Surprises Act since January 2022. Keep in mind that some payer contracts may require a provider to file a claim for all services rendered to the patient. If patients choose NOT to utilize their insurance by not filing a claim, it is best to have them exercise their HIPAA (Health Insurance Portability And Accountability) right by filling out a Restriction to Disclose Protected Health Information to a Health Plan form. This way the provider can be compliant with HIPAA and bypass a payer's mandatory submission rule (if applicable).*



Step Three-Billing & Coding

Practices that dispense and bill Durable Medical Equipment (DME) to third-party payers must pay close attention to the billing requirements of the carrier being billed, which often vary from carrier to carrier. To avoid billing mishaps, the clinic must consult both the Medical Review Policy and the data collected during the verification process.

QUICK TIP

Diagnosis Pointers Are Critical
Each procedure code on the 1500 Claim form must point only to the supporting diagnosis for that procedure and no other diagnosis code.

Generating Payable Claims

Proper **diagnostic** and **product coding**, once selected, must be properly listed on the billing form. A clean claim is a payable claim. Each field on a claim form tells the patient's story to the payer. If one field has inaccurate information, it can kick back the claim and leave the clinic struggling to figure out what they did wrong.

When billing the functional orthotics supply code, L3020, practitioners must bill each orthotic separately. That is, two-line items will be used to indicate the right and left side. While functional orthotics come in pairs, they are coded for each individual foot. The code stands for only one Functional Orthotic. Coding examples are provided [here](#). Visit the full course for important information about unusual billing situations like [shoes](#), [sandals](#), and [Medicare](#).

QUICK TIP

Allowable Diagnosis Only
Consult the payer's Medical Review Policy and identify the conditions (diagnoses) that are allowed for orthotic services. This can change on a quarterly basis.

If the fee schedule is lower than the doctor's cost for the orthotic, consider the **S1001** billing possibility for luxury items - Patient is Aware. Be sure to follow the specific guidelines and refrain from overutilization of this choice.

Don't forget to perform and bill for orthotic management the day the functional orthotics are dispensed to the patient. You may bill the procedure code 97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, each 15 minutes.

QUICK TIP

Subsequent Encounter
Procedure code 97763 can be used when a provider follows up on an established patient's response to wearing functional orthotics.



Step Four- Financial Options

It is no surprise that patients are concerned about finances. You must keep them informed throughout the entire process of recommending and ordering custom orthotics. Reinforcing the benefits of custom orthotics and reminding patients of their need will help during financial discussions. Whether patients are paying cash or using their insurance benefits, a financial discussion must take place. Remember, consumer empowerment is the focus of healthcare. Do not skip this step, or even worse, wing it. Create a **Financial Report of Findings** process that includes well trained staff, scripting, and customized financial forms. When staff displays confidence in the product and the financial terms, patients are more likely to be at ease.

QUICK TIP

Buy Now- Pay Later
Make orthotics affordable for self-pay patients by spreading cost over a period of time.

Financial Compliance

Is financial compliance really a thing? YES, it is, and there are many regulations and rules regarding patients and their out-of-pocket costs. The intent of every rule is to keep the patient apprised when it comes to cost. If your patient is self-pay, not using their insurance for any of the services provided, a Good Faith Estimate must be provided prior to delivering services. If the patient is using insurance, but the functional orthotics are not a covered service due to policy limitations, the patient must receive an Advance Notice of Non-Covered Services. This form is often provided by payers in their online Provider Portal. If a form is not available, the clinic must supply one in advance of the service. We've supplied a **template you can customize** and use in the absence of a required form from the payer.

QUICK TIP

Medicare Coverage for Orthotics
Medicare requires orthotic inserts to be attached to a shoe or brace; therefore, they generally do NOT cover Foot Levelers orthotics.

Unique Circumstances

Most patients will fall into one of two categories: group health plans/marketplace plans or self-pay (cash). Sometimes, the patient has been in a personal injury or workers comp accident. Others may be covered by Medicare or a Medicare Replacement Plan. Some cash-paying patients may wish to access a compliantly discounted fee. We recommend using a Discount Medical Plan Organization (DMPO) network that allows providers to **legally discount for members of the plan**. Sometimes, the insurance reimbursement amount does not cover the doctor's cost. Understanding how to use the **\$1001 billing option** can keep your finances in check when reimbursement is lacking.

Compliance experts, skilled in coding and documentation, have worked through scenarios like this with providers nationwide. Be proactive and check out resources online that address **unusual circumstances** such as:

- The patient's Insurance is Medicare Part B or Medicare Part C
- The Payer's contracted allowable fee schedule is lower than the provider's cost
- Orthotics are clinically appropriate for the patient, but the payer's medical necessity definition does not cover the diagnosis (condition) for which the doctor prescribed them
- The Doctor prescribes **Sandathotics®**, **Shoethotics®**, or **custom flip-flops** that do not fit the payer's coverage criteria

QUICK TIP

Know the Discount Rules
Discounts offered to self-pay patients must abide by the rules. Consider a DMPO network as an option.

