

Insurance Verification for Functional Orthotics

This form is a supplement to the general services verification used by the practice. These specific questions are critical when verifying for coverage of functional orthotics.

Patient Name: Sally Jones Insured: Self Insured's ID#: BRT-236589
Insured's DOB: 12/12/62 Policy#: N/A Employer: Swift Trasportation
Patient's DOB: Same

Are custom-molded foot inserts (orthotics) covered when billed as code L3020? ☐ YES ☐ NO

IF YES	YES	NO
Do you have a specific Medical Review Policy for the use of this code? Where can I find it online? <u>Unknown; maybe on web site under policies</u>	<input type="radio"/>	<input type="radio"/>
Does the fee schedule have a maximum allowable (dollar limit) for L3020? <u>Per Contract</u>	<input type="radio"/>	<input type="radio"/>
If yes, is this maximum amount per pair or per year? <u>2 pair per calendar year (MN)</u>	<input checked="" type="radio"/>	<input type="radio"/>
Is this part of a separate Durable Medical Equipment (DME) benefit?	<input type="radio"/>	<input checked="" type="radio"/>
What is the co-pay or co-insurance? <u>80%</u>		
Are there certain diagnosis codes necessary for reimbursement of orthotics? If yes, where can I find them? <u>Part of MRP</u>	<input checked="" type="radio"/>	<input type="radio"/>
Is a Letter of Medical Necessity or is preauthorization needed?	<input type="radio"/>	<input checked="" type="radio"/>
Is a prescription from a physician required?	<input type="radio"/>	<input checked="" type="radio"/>
If yes, can the RX be from a Doctor of Chiropractic?	<input type="radio"/>	<input type="radio"/>
Do you cover Orthotics Management & Training, code 97760?	<input checked="" type="radio"/>	<input type="radio"/>
Do you cover Orthotics Management & Training, Subsequent, code 97763?	<input checked="" type="radio"/>	<input type="radio"/>
Do you cover therapeutic exercises, code 97110?	<input checked="" type="radio"/>	<input type="radio"/>
Do you cover extraspinal manipulation, code 98943?	<input checked="" type="radio"/>	<input type="radio"/>

IF NO (TIP: The functional orthotics themselves may not be specifically covered; ancillary services are usually covered in most plans.)	YES	NO
Where can I find in writing that orthotics are not covered in order to explain it to my patient?		
Do you cover Orthotics Management & Training, code 97760?	<input type="radio"/>	<input type="radio"/>
Do you cover Orthotics Management & Training, Subsequent, code 97763?	<input type="radio"/>	<input type="radio"/>
Do you cover therapeutic exercises, code 97110?	<input type="radio"/>	<input type="radio"/>
Do you cover extraspinal manipulation, code 98943?	<input type="radio"/>	<input type="radio"/>

Ask the following question if you are in network with the patient's plan:

If orthotics are not covered for this patient's diagnosis, can we accept payment directly from the patient with their acknowledgement to self-pay? Ack to self-pay form in provider portal

Name of Carrier for Claims Submission: BCBS Of Anywhere

Address: 124 Pay My Claims Lane
Anytown, ST 12345

Phone #: 855-1236547

Name of Rep: Mary F

Date and Time: 6/15/22 1:30pm

In/Out of Network: Provider shows in-network with ASH

NOTES