

■ By Lisa Lake-Salmon

**Whether you are new to O&P billing or have years of experience, denials can be frustrating to handle and difficult to appeal. Count on "Got FAQs?" to provide you with the information you need to save time and frustration. This month's column addresses your questions about new lower-limb prosthesis L-Codes for 2013 and addition codes for L-1840, L-1844, and L-1846.**

**Q:** I am new to O&P billing and am having difficulty locating the new or deleted codes for 2013 on the Medicare website. The practitioner I work for told me to ask you if any lower-limb prosthesis codes have been added or deleted.

**A:** On November 19, Medicare officially announced the L-Code update for 2013. There are no deleted lower-limb prosthesis codes. A new L-Code, L-5859 (addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, and includes any type motor(s)), takes effect January 1, 2013.

The fee schedule will be established as part of the July 2013 durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) Fee Schedule Update, if applicable.

**Q:** The practitioner I work for said that he does not feel I am billing for all possible addition codes for L-1840 (knee orthosis, derotation, anterior cruciate ligament, custom), L-1844 (knee orthosis with adjustable flexion and extension joint, medial-lateral and rotational control, custom), and L-1846 (knee orthosis, double upright, thigh and calf with adjustable flexion and extension joint, medial-lateral and rotational control, custom). I update my list of codes every January so I am sure I have not missed anything. Can you verify what addition codes I can bill for with these three base codes?

**A:** I recommend you check for any added or deleted codes in January and July of each year. Medicare will update or delete codes and post the updated lists in these months. In July 2012, one addition code was added that can be billed separately when billing for L-1840, L-1844, and L-1846. That additional code is L-2755 (addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, and for custom fabricated orthosis only).

The following are all of the addition codes that can be billed separately for each of these base codes:

Base code L-1840: Addition codes L-2385, L-2390, L-2395, L-2397, L-2405, L-2415, L-2425, L-2430, L-2492, L-2755, L-2785, L-2795.

Base code L-1844: Addition codes L-2385, L-2390, L-2395, L-2397, L-2405, L-2492, L-2755, L-2785.

Base code L-1846: Addition codes L-2385, L-2390, L-2395, L-2397, L-2405, L-2415, L-2492, L-2755, L-2785, L-2795, L-2800.

You may access this information under the Local Coverage Determination (LCD) for knee orthoses at [www.oandp.com/link/189](http://www.oandp.com/link/189) **O&P EDGE**

*Author's note: In the September 2012 Got FAQs column ([http://www.oandp.com/articles/2012-09\\_16.asp](http://www.oandp.com/articles/2012-09_16.asp)), I responded to a question regarding the coverage criteria and correct modifiers to be used in the purchase of a non-invasive non-spinal electrical osteogenesis stimulator (E-0747) so that it is covered by Medicare. At that time, I responded that the NU and KF modifiers are required. Because E-0747 falls under the category of inexpensive and routinely purchased (IRP) durable medical equipment (DME), it can also be rented. In that case, the RR and KF modifiers are required.*

*Lisa Lake-Salmon is the president of Acc-Q-Data, which provides billing, collections, and practice management software. She has been serving the O&P profession for more than a decade. We invite readers to write in and ask any questions they may have regarding billing, collections, or related subjects. While every attempt has been made to ensure accuracy, The O&P EDGE is not responsible for errors. For more information, contact [lisa@opedge.com](mailto:lisa@opedge.com) or visit [www.acc-q-data.com](http://www.acc-q-data.com)*



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