



Orthotics and the -KX Modifier

It's important to know how to
use this modifier.

BY PAUL KESSELMAN, DPM

This month's installment of *DME for DPMS* will revisit a column from more than seven years ago on orthotic billing to Medicare. The main reasons for revisiting this subject are two-fold:

The number of claims and revenue paid out for L30XX since 2014 have steadily increased for all L30XX claims amended with the -KX modifier. Please note that this excludes those claims submitted with a -GY or -GA modifier, as those are sent only for non-coverage determinations and that is not pertinent to our discussion.

Second and equally important is that the DME MACs are now conducting a post-payment review of claims paid out within the Orthopedic Footwear LCD. The vast majority of those targeted will most certainly be those which have an amended -KX modifier.

In quite simple terms:

The -KX modifier is a HCPCS payment modifier which stipulates to the carrier to which you are submitting claims that your documentation supports the coverage criteria as outlined by the carrier. Depending on the coverage criteria for the LCD, the use of the -KX modifier will have different connotations. The carrier's reimbursement policy (Local Carrier Decision -LCD) delineates the coverage criteria and the requirements for use of the -KX modifier. If the -KX modifier is required for correct claim payment(s) and one fails to append

the HCPCS code with the -KX modifier, the claim will be denied.

The -KX modifier is used on many types of DMEPOS claims by both Medicare and non-Medicare carriers. The use of the -KX modifier on any claim simply to "push the claim through for payment" despite not having the proper documentation required by the LCD or coverage policy may be construed as abusive and fraudulent, with the provider being subject to significant penalties.

(again only for traditional fee-for-service Medicare).

In most circumstances, if a patient insists on your submitting a foot orthotic claim to traditional Medicare, one should submit the claim to the appropriate DME MAC and not your local Part B MAC. The appropriate L30XX should be submitted with the -GY modifier. This would indicate that the claim is for a service/product which is statutorily non-covered. This indicates that this specific pa-

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For Medicare, all HCPCS codes listed under the AFO (L1900-L4397) and orthopedic footwear (L3000-L3649) policies require the -KX modifier for payment. This includes custom fabricated, custom fitted, and off-the-shelf AFOs. But note that each of these policies has restrictions as to when exactly the -KX is to be used. For foot orthotic claims, under the majority of circumstances, one should not use the -KX modifier. Use of the -KX modifier on Medicare foot orthotic claims would indicate that the foot orthotic was placed into a shoe permanently attached to a leg brace. Since this is a rare occurrence, the -KX modifier should just about never be used on foot orthotic claims

tient does not meet coverage criteria because the patient's orthotic is being placed into a shoe which is not attached to a brace. Therefore, it does not comply with the LCD requirements for reimbursement.

Furthermore, the use of the -GY modifier informs the Medicare (or other) carrier that the claim is being processed for a "Patient Responsibility" rejection. No Advanced Beneficiary is required, since the patient's clinical condition would never meet the LCD requirements. The EOB will inform your patient that Medicare has rejected the claim and it is the patient's financial responsibility to pay you for those services/products

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rendered. The EOB may of course be forwarded to their secondary insurance for processing. As with other

ics is simply based on ICD10 and/or other coverage parameters (e.g., conservative treatment failure), the use of the -KX modifier is perfectly appropriate.

or post-polio braces). This can be attested to with the use of the -KX modifier and should only be used in the above scenario and no other. For non-Medicare carriers, where foot orthotic coverage is far more liberal, it is important to review the policy and be sure your patient meets the coverage criteria prior to using the -KX modifier. **PM**

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The use of the -KX modifier on Medicare Advantage and other third-party foot orthotic claims may be required and utilized, but only if those carriers have a more liberal foot orthotic coverage LCD which requires its use. That is, for many other carriers, where coverage for foot orthot-

Summary

It is essential that your billing personnel have a firm grip and understanding of what the -KX modifier indications are for both Medicare and non-Medicare payers. It is essential to understand that Medicare will only in the rarest of circumstances pay for foot orthotics. The rare circumstance is only if the orthotic is placed into a shoe which is attached to a leg brace (think Forrest Gump



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