

New HCPCS Codes for 2025

It's important to keep up with code changes.

BY PAUL KESSELMAN, DPM

This column would be remiss if it did not provide updates for existing or new HCPCS codes. Typically, HCPCS code changes go into effect after bi-annual (Spring and Fall) HCPCS meetings. New codes or edits are then subsequently announced on a quarterly basis. Once the HCPCS Committee makes its decision, either a temporary or permanent code is assigned with a narrative and effective date. Subsequently, the PDAC assists the DME MAC with the development of a fee schedule.

There are many new HCPCS codes which are newsworthy for podiatrists and are effective April 1, 2025. This DME for DPMs edition will provide a brief review of the top three edits and two new HCPCS codes of interest to all lower extremity providers.

First, let's cover the edits to existing codes L1932 and L1951 and explain what custom fit for a specific patient by an individual with expertise was meant to define. CMS has finally made the changes which needed to be done to better explain

this. (See bold italicized print below for changes):

A) **L1932: ANKLE FOOT ORTHOSIS, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFAB-**

ricated item **THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE** for your chart note to document what you did *at the time of delivery* to make the device custom fit. The absence of any of these requirements will result in either recoupment or post-payment review or re-

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RICATED ITEM **THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE**

B) **L1951: ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED ITEM **THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE****

The DME MAC will be looking

jection on pre-payment review. Here is a breakdown of the requirements with examples:

- The type of modifications made at the time of delivery: A heat gun at 230 degrees to create a bubble patch lined w/1/8"PPT at the time of delivery was made at the left talar navicular joint.

- Medical Necessity: The pre-fabricated device created an impingement due to enlargement of the osseous structures- in particular the TN joint. The modifications were made to accommodate the deformity. After the modifications,

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the patient was examined while wearing the device and it fit well in length and width with no impingements noted and the TN joint of the left foot was noted to be well accommodated.

- Your requisite skill set to perform these tasks: As a podiatric physician I possess the skills and equipment to make these modifications.

One last existing HCPCS code to have its narrative changed includes the following:

C) L1971: ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, *WITH OR WITHOUT DORSIFLEXION ASSIST, PRE-FABRICATED, INCLUDES FITTING AND ADJUSTMENT*

As indicated by the changes to L1971, this allows for the option of a dorsiflexion assist provision which was not previously included. Note that while fitting and adjustment

cated off-the-shelf version of L1951 and is defined as:

Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, pre-fabricated, off-the-shelf

The rationale for the development of these new codes is to eliminate

zation from Medicare (and perhaps other carriers), whereas Medicare currently does not require prior authorization for L1952.

For the future, one needs to monitor if these off-the-shelf versions (L1952 or L1933) are ever added to Competitive Bidding, a pro-

The DME MAC will be looking for your chart note to document what you did at the time of delivery to make the device custom fit.

As with other paired codes, there is no payment differential between a custom fit version (lower paired code number) and an off-the shelf version (higher paired number).

were still retained, it was still expected that the provider documents that at the time of delivery the AFO was **TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE**

Two additional *new* codes are now paired with their lower number paired “custom fit” cousins, offered as pre-fabricated off-the shelf. These include:

A) L1933: represents a pre-fabricated off-the-shelf version of L1932 and is defined as:

Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf

B) L1952 represents a pre-fabri-

the need to bill a miscellaneous code (L2999) when billing the off-the-shelf versions of these devices. As off-the-shelf versions of these devices flooded the market, CMS and its MAC as well as private insurance companies have spent millions of dollars manually processing these claims.

cess Medicare has currently paused. No new actions are on the horizon. If Competitive Bidding contracts are awarded for any of the noted off-the-shelf codes, this can result in a significant (70% or more) decrease in their reimbursement. That may be an ulterior motive for CMS adding these off-the-shelf codes to active codes, as custom fit devices by statute are not eligible to be placed in Competitive Bidding.

To summarize: This April saw several new HCPCS codes and modifications to existing codes. This comes as no surprise as this is a routine occurrence in Spring and Fall.

For a more thorough and detailed listing of all new and/or edited HCPCS code for April 1, 2025, please scan the QR code at right. **PM**



Providers billing for these off-the-shelf devices complained of delays and costs in processing miscellaneous claims or facing audits, for incorrectly-coded custom fit devices.

CMS got it right and correctly addressed this issue head on by adding these new codes, eliminating the need to continue to manually process miscellaneous coded L2999 claims.

Payment considerations: As with other paired codes, there is no payment differential between a custom fit version (lower paired code number) and an off-the shelf version (higher paired number). This comes as no surprise as CMS regulations preclude payment differentials when one code is expanded from custom fit to off-the shelf.

Providers also need to consider that L1951 requires prior authori-



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