NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE
DEPARTMENT OF FINANCE AND SUPPORT

STATE OF NEBRASKA
MIKE JOHANNS, GOVERNOR

Provider Bulletin

February 2, 1999

TO: Nebraska Podiatry Providers

Attn: Podiatrists, Office Managers and Billers of Medicaid/Medicare

FROM: Ric Compton, MPH, Administrator
Medicaid Division

BY: Jane Athey, R.N., B.S.N.
Program Specialist-Podiatry
Medicaid Division

RE: "L" Code Billing for Medicaid

When billing for Orthotics, there has been some confusion in regards to billing office visits in conjunction with "L" codes. To better define and expedite payment, please read and follow the directions below.

When Billing for Medicaid/Medicare Client:

- A claim must first be submitted to Medicare for an office visit.
- If Medicare has denied payment, then you must submit the EOB along with the claim to Medicaid.
- Medicaid criteria will then be followed.

When Billing for a Medicaid Client:

1. The "L" codes are all inclusive. The fitting, application, supplies (" A" codes), adjustments and dispensing, education and training are all included.

2. If there is an "L" code being billed, there should not be an office visit for that same date unless there is a different diagnosis. The office visit is included in the "L" code.

3. You may submit the office visit claim if the client is in the office for an independent evaluation or diagnoses.

Providers should not bill the "L" codes until the orthotic device has been given to the client. That date is the date used for the date of service.

If you have questions regarding Podiatry or covered services, please contact Jane Athey at (402) 471-9119, or Rebecca Hansen for claims payment at 1-800-332-0265, ext.3151 (M, W, F). For questions regarding Medicare crossover claims, please call Janet Johnson at 1-800-332-0265, ext. 7872 (M, W, F).

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