

New "K" Code for Therapeutic Shoe Inserts

MLN Matters Number: MM10436 Related Change Request (CR) Number: 10436

Related CR Transmittal Number: R241BP Implementation Date: April 2, 2018

PROVIDER TYPE AFFECTED

This MLN Matters® Article is intended for providers and suppliers submitting claims to Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) items or services paid under the DMEPOS fee schedule.

PROVIDER ACTION NEEDED

Change Request (CR) 10436 establishes a "K" code (K0903) for a new type of therapeutic shoe inserts. The code will be added to the HCPCS code set effective April 1, 2018. The addition of this code will allow the DME MACs to correctly adjudicate claims. Make sure that your billing staffs are aware of these changes.

BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) recently revised Appendix C of the DMEPOS Quality Standards to include a new type of therapeutic shoe insert for individuals with diabetes that is fabricated without molding it to beneficiary-specific physical positive model. The revisions allow the use of direct carving (milling) using a Computer-Aided Design/Computer-Aided Manufacturing (CAD-CAM) or similar system, without the creation of a physical positive model, as a custom fabricated therapeutic shoe insert manufacturing technique falling under the scope of the Therapeutic Shoes Part B benefit.

To facilitate implementation of this new category of therapeutic shoe inserts, the following new code will be added to the HCPCS code set effective April 1, 2018:

• **K0903:** For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher), includes arch filler and other shaping material, custom fabricated, each.

CMS reminds suppliers to use the KX modifier on all claims for K0903 when all requirements in





the medical policy are met.

The billing jurisdiction for this code is the DME MAC.

In addition, CR10436 updates the definition of inserts located in the "Medicare Benefit Policy Manual," Chapter 15, Section 140. The revised manual section is attached to CR10436.

ADDITIONAL INFORMATION

The official instruction, CR10436, issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-
Guidance/Guidance/Transmittals/2018Downloads/R241BP.pdf.

If you have any questions, please contact your MAC at their toll-free number. That number is available at https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/.

DOCUMENT HISTORY

Date of Change	Description
February 2, 2018	Initial article released

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