

Medical Policy



Ankle-Foot/Knee-Ankle-Foot Orthosis

Description

For an orthotic item to be considered for coverage, it must be a device which is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. It must provide sufficient support to the limb or body part for which it is designed to brace. Items that do not meet the definition of a brace are considered not reasonable and necessary.

Policy

An ankle-foot orthoses (AFO) and knee-ankle-foot orthoses (KAFO) is **reasonable and necessary** for members who meets the coverage criteria outlined below and must be ordered by the member's treating practitioner.

Policy Guidelines

AFOs NOT USED DURING AMBULATION OR MINIMALLY AMBULATORY:

An L4396 or L4397 (Static or dynamic positioning ankle-foot orthosis) is covered if either all of criteria 1 - 4 or criterion 5 is met:

1. Plantar flexion contracture of the ankle (see [Diagnosis Codes That Support Medical Necessity Group 1 Codes section](#)) with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture); and,
2. Reasonable expectation of the ability to correct the contracture; and,
3. Contracture is interfering or expected to interfere significantly with the member's functional abilities; and,
4. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons.
5. The member has plantar fasciitis (see [Diagnosis Codes That Support Medical Necessity Group 1 Codes section](#))

If an L4396 or L4397 is used for the treatment of a plantar flexion contracture, the pre-treatment passive range of motion must be measured with a goniometer and documented in the medical record. There must be documentation of an appropriate stretching program carried out by professional staff (in a nursing facility) or caregiver (at home).

An L4396 or L4397 and replacement interface (L4392) will be denied as not reasonable and necessary if the contracture is fixed. Codes L4396, L4397 and L4392 will be denied

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as not reasonable and necessary for a member with a foot drop but without an ankle flexion contracture. A component of a static/dynamic AFO that is used to address positioning of the knee or hip will be denied as not reasonable and necessary because the effectiveness of this type of component is not established.

If code L4396 or L4397 is covered, a replacement interface (L4392) is covered as long as the member continues to meet indications and other coverage rules for the splint. Coverage of a replacement interface is limited to a maximum of one (1) per 6 months. Additional interfaces will be denied as not reasonable and necessary.

A foot drop splint/recumbent positioning device (L4398) or replacement interface (L4394) will be denied as not reasonable and necessary in a member with foot drop who is non-ambulatory because there are other more appropriate treatment modalities.

AFOs AND KAFOs USED DURING AMBULATION:

Ankle-foot orthoses (AFO) described by codes L1900, L1902-L1990, L2106-L2116, L4350, L4360, L4361, L4386, L4387 and L4631 are covered for ambulatory members with weakness or deformity of the foot and ankle, who:

1. Require stabilization for medical reasons, and,
2. Have the potential to benefit functionally.

Knee-ankle-foot orthoses (KAFO) described by codes L2000-L2038, L2126-L2136, and L4370 are covered for ambulatory members for whom an ankle-foot orthosis is covered and for whom additional knee stability is required.

Belt, strap, sleeve, garment, or covering, any type described by code A4467 is **covered** for members requiring support of a weak body part, but not needing the support of a rigid support.

If the basic coverage criteria for an AFO or KAFO are not met, the orthosis will be denied as not reasonable and necessary.

Prefabricated orthotics are:

- Manufactured in quantity without a specific member in mind.
- It may be OTS (off the shelf) or custom fitted (may be trimmed, bent or molded or otherwise modified for use by a member).
- An orthosis that is assembled from prefabricated components is considered prefabricated.

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- It is inherent in the definition of prefabricated that a particular item is complete.

Prefabricated walking boots are coded using codes L4360, L4361, L4386 or L4387. These codes describe complete products. Claims for add-on codes used with walking boots coded L4360, L4361, L4386 or L4387 will be denied as unbundling.

Custom fitted orthotics are:

- They may or may not be supplied as a kit that requires some assembly. Assembly of the item and/or installation of add-on components and/or the use of some basic materials in preparation of the item does not change classification from OTS to custom fitted.
- Classification as custom fitted requires more than minimal self-adjustment for fitting at the time of delivery in order to provide an individualized fit, i.e., the item must be trimmed, bent, molded (with or without heat), or otherwise modified resulting in alterations **beyond** minimal self-adjustment.
- This fitting at delivery does require expertise of a certified orthotist or an individual who has specialized training in the provision of orthosis to fit the item to the individual beneficiary.

In contrast to “minimal self-adjustment,” “more than minimal self-adjustment” is defined as changes made to achieve an individualized fit during the final fitting at the time of delivery of the item that requires the expertise of a certified orthotist or an individual who has equivalent specialized training in the provision of orthotics in compliance with all applicable Federal and State licensure and regulatory requirements. A certified orthotist is defined as an individual who is certified by the American Board for Certification in Orthotics and Prosthetics, Inc., or by the Board for Orthotist/Prosthetist Certification.

AFOs and KAFOs that are custom-fabricated are covered for ambulatory members when the basic coverage criteria listed above and one of the following criteria are met:

1. The member could not be fit with a prefabricated AFO; or,
2. The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); or,
3. There is a need to control the knee, ankle or foot in more than one plane; or,
4. The member has a documented neurological, circulatory, or orthopedic status that requires custom fabricating to prevent tissue injury; or,
5. The member has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

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If a custom fabricated orthosis is provided but basic coverage criteria above and the additional criteria 1-5 for a custom fabricated orthosis are not met, the custom fabricated orthosis will be denied as not reasonable and necessary.

Use of an additive manufacturing technique, CAD/CAM, or a similar manufacturing technique is not the sole requirement for a product to be designated as custom fabricated.

Additive manufacturing (such as 3D printing) is an advanced technology that constructs three-dimensional items modeled and designed from CAD software and/or from digital scanning. Additive manufacturing is an acceptable custom fabrication technique as long as it adheres to the CMS guidelines.

L coded additions to AFOs and KAFOs (L2180-L2550, L2750-L2768, L2780-L2830) will be denied as not reasonable and necessary if either the base orthosis is not reasonable and necessary or the specific addition is not reasonable and necessary.

Concentric adjustable torsion style mechanisms used to assist knee joint extension are coded as L2999 and are covered for members who require knee extension assist in the absence of any co-existing joint contracture.

Concentric adjustable torsion style mechanisms used to assist ankle joint plantarflexion or dorsiflexion are coded as L2999 and are covered for members who require ankle plantar or dorsiflexion assist in the absence of any co-existing joint contracture.

Concentric adjustable torsion style mechanisms used for the treatment of contractures, regardless of any co-existing condition(s), are coded as E1810 and/or E1815 and are covered under the Durable Medical Equipment benefit (see related Policy Article Coding Guidelines for additional information).

Claims for devices incorporating concentric adjustable torsion style mechanisms used for the treatment of any joint contracture and coded as L2999 will be denied as incorrect coding.

An inversion/eversion correction device (A9285) is denied as noncovered, because it does not act as a brace; that is, it does not support a weak or deformed body member or restrict or eliminate motion in a diseased or injured part of the body.

Refer to the Orthopedic Footwear policy for information on coverage of shoes and related items which are an integral part of a brace.

MISCELLANEOUS:

Replacement of a complete orthosis or component of an orthosis due to loss, significant change in the member's condition, or irreparable accidental damage is covered if the

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device is still reasonable and necessary. The reason for the replacement must be documented in the supplier's record.

Replacement components (e.g., soft interfaces) that are provided on a routine basis, without regard to whether the original item is worn out, are denied as not reasonable and necessary.

HCPCS MODIFIERS:

EY - No physician or other licensed health care provider order for this item or service.

GA – Waiver of liability statement issued as required by payer policy, individual case

GZ – Item or service expected to be denied as not reasonable and necessary

KX - Requirements specified in the medical policy have been met

LT - Left side

RT - Right side

The right (RT) and left (LT) modifiers must be used with orthosis base codes, additions, and replacement parts. Effective for claims with dates of service (DOS) on or after 3/1/2019, when the same code for bilateral items (left and right) is billed on the same date of service, bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line. Do not use the RTLTL modifier on the same claim line and billed with 2 UOS. Claims billed without modifiers RT and/or LT, or with RTLTL on the same claim line and 2 UOS, will be rejected as incorrect coding.

HCPCS CODES:

Group 1 Codes:

| HCPCS | Description |
|-------|---|
| A4467 | BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE, EACH (Medicaid coverage only) |
| A9283 | FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH |
| A9285 | INVERSION/EVERSION CORRECTION DEVICE |
| L1900 | ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED |
| L1902 | ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, OFF-THE-SHELF |
| L1904 | ANKLE ORTHOSIS, ANKLE GAUNTLET, CUSTOM-FABRICATED |
| L1906 | ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF |
| L1907 | ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR |

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| HCPCS | Description |
|--------------|--|
| L1910 | WITHOUT INTERFACE/PADS, CUSTOM FABRICATED ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1920 | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED |
| L1930 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1932 | AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1940 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED |
| L1945 | ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM-FABRICATED |
| L1950 | ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM-FABRICATED |
| L1951 | ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1960 | ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED |
| L1970 | ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED |
| L1971 | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L1980 | ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED |
| L1990 | ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED |
| L2000 | KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED |

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| HCPCS | Description |
|-------|---|
| L2005 | KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED |
| L2006 | KNEE ANKLE FOOT DEVICE, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, SWING AND STANCE PHASE MICROPROCESSOR CONTROL WITH ADJUSTABILITY, INCLUDES ALL COMPONENTS (E.G., SENSORS, BATTERIES, CHARGER), ANY TYPE ACTIVATION, WITH OR WITHOUT ANKLE JOINT(S), CUSTOM FABRICATED |
| L2010 | KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM-FABRICATED |
| L2020 | KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED |
| L2030 | KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED |
| L2034 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED |
| L2035 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2036 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED |
| L2037 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED |
| L2038 | KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED |
| L2106 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED |
| L2108 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL |

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| HCPCS | Description |
|--------------|---|
| | FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED |
| L2112 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2114 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2116 | ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2126 | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED |
| L2128 | KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED |
| L2132 | KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2134 | KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2136 | KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT |
| L2180 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS |
| L2182 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT |
| L2184 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT |
| L2186 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE |
| L2188 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM |
| L2190 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT |
| L2192 | ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT |
| L2200 | ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, |

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| HCPCS | Description |
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| | EACH JOINT |
| L2210 | ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT |
| L2220 | ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT |
| L2230 | ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT |
| L2232 | ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY |
| L2240 | ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT |
| L2250 | ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT |
| L2260 | ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE) |
| L2265 | ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP |
| L2270 | ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED OR MALLEOLUS PAD |
| L2275 | ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED |
| L2280 | ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT |
| L2300 | ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE |
| L2310 | ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT |
| L2320 | ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY |
| L2330 | ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY |
| L2335 | ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND |
| L2340 | ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL |
| L2350 | ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES) |
| L2360 | ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK |
| L2370 | ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM |
| L2375 | ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE |

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|--------------|---|
| | JOINT AND HALF SOLID STIRRUP |
| L2380 | ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT |
| L2385 | ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT |
| L2387 | ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT |
| L2390 | ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT |
| L2395 | ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT |
| L2397 | ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE |
| L2405 | ADDITION TO KNEE JOINT, DROP LOCK, EACH |
| L2415 | ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT |
| L2425 | ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT |
| L2430 | ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT |
| L2492 | ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING |
| L2500 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING |
| L2510 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL |
| L2520 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED |
| L2525 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL |
| L2526 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED |
| L2530 | ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED |
| L2540 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL |

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| L2550 | ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF |
| L2750 | ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR |
| L2755 | ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY |
| L2760 | ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH) |
| L2768 | ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR |
| L2780 | ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR |
| L2785 | ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH |
| L2795 | ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP |
| L2800 | ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEECAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY |
| L2810 | ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD |
| L2820 | ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION |
| L2830 | ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION |
| L2840 | ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH |
| L2850 | ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH |
| L2999 | LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED |
| L4002 | REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE |
| L4010 | REPLACE TRILATERAL SOCKET BRIM |
| L4020 | REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL |
| L4030 | REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED |
| L4040 | REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED |

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| | ORTHOSIS ONLY |
| L4045 | REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY |
| L4050 | REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY |
| L4055 | REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY |
| L4060 | REPLACE HIGH ROLL CUFF |
| L4070 | REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO |
| L4080 | REPLACE METAL BANDS KAFO, PROXIMAL THIGH |
| L4090 | REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH |
| L4100 | REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH |
| L4110 | REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH |
| L4130 | REPLACE PRETIBIAL SHELL |
| L4205 | REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES |
| L4210 | REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS |
| L4350 | ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, OFF-THE-SHELF |
| L4360 | WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE |
| L4361 | WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF |
| L4370 | PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF |
| L4386 | WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE |
| L4387 | WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, |

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| HCPCS | Description |
|-------|--|
| | OFF-THE-SHELF |
| L4392 | REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO |
| L4394 | REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR |
| L4396 | POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE |
| L4397 | STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFF-THE-SHELF |
| L4398 | FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF |
| L4631 | ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED |

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: The presence of an ICD-10 code listed in this section is not sufficient by itself to assure coverage. Refer to the CMS section on “Coverage Indications, Limitations and/or Medical Necessity” for other coverage criteria and payment information.

For HCPCS codes L4392, L4396 and L4397:

Group 1 Codes:

| ICD-10 Code | Description |
|-------------|------------------------------|
| M24.571 | Contracture, right ankle |
| M24.572 | Contracture, left ankle |
| M24.574 | Contracture, right foot |
| M24.575 | Contracture, left foot |
| M72.2 | Plantar fascial fibromatosis |

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Group 2 Paragraph: For HCPCS code L4631:

Group 2 Codes:

| ICD-10 Code | Description |
|--------------------|---|
| A52.16 | Charcot's arthropathy (tabetic) |
| E08.610 | Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy |
| E09.610 | Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy |
| E10.610 | Type 1 diabetes mellitus with diabetic neuropathic arthropathy |
| E10.610 | Type 2 diabetes mellitus with diabetic neuropathic arthropathy |
| M14.671 | Charcot's joint, right ankle and foot |
| M14.672 | Charcot's joint, left ankle and foot |

ICD-10 Codes that are Not Covered

Group 1 Paragraph: For the specific HCPCS codes indicated above, all ICD-10 codes that are not specified in the preceding section. For all other HCPCS codes, diagnoses are not specified.

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that

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defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

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Change/Authorization History

| Revision Number | Date | Description of Change | Prepared / Reviewed by | Approved by | Review Date: | Effective Date |
|-----------------|----------|-----------------------|------------------------|-------------|--------------|----------------|
| A | 11-20-06 | Initial Release | Rosanne Brugnoni | Ken Fasse | n/a | |

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| 01 | 12-2008 | Added A9283 to the policy as a non-covered benefit | Susan Glomb | Ken Fasse | | |
| 02 | 03-31-09 | Deleted L1901 from code range of AFO-KAFO used with ambulation. Revised: Code L4360 descriptor Deleted: Code L2860 | Susan Glomb | Ken Fasse | | |
| 03 | 06-01-09 | Deleted Code L2035 from the custom-fabricated orthoses list Deleted Codes K0628 and K0629 from the list used in diabetic foot problems management Added Codes A5512 and A5513 to the list used in diabetic foot problems management Added Code L4392 to list of codes rejected as incorrect coding when billed with initial issue of a base orthosis. | Susan Glomb | Ken Fasse | | |
| 04 | 06-01-09 | Added KX modifier. Deleted L2770 | Susan Glomb | Ken Fasse | | |
| 05 | 12-04-09 | Non-medical necessity coverage and payment rules: Added information on code A9283. Coding guidelines: Revised: Instructions for coding A9283, L2770, Instructions for coding concentric adjustable torsion joints. Instructions for RT/LT modifiers. | Susan Glomb | Ken Fasse | | |
| 06 | | Annual review. No additional changes. | Susan Glomb | Ken Fasse | 12-04-09 | |
| 07 | 01-05-10 | Added code: A4466 and description as non- | Susan Glomb | Ken Fasse | | |

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| | | covered. Changed narrative for L4396. | | | | |
| 08 | | Annual Review – no changes | Susan Glomb | Ken Fasse | 11-19-10 | |
| 09 | 1-05-11 | Added: preamble language. Revised: Clarified non coverage statements for L4392, L4394, L4396 and L4398. Coding Guidelines: Added: Definition of L4631. Revised: Clarified proper coding instructions based on brace use. | Susan Glomb | Ken Fasse | | |
| 10 | 07-19-11 | Added Important Notes to the policy. Changed areas to “not reasonable and necessary versus not medically necessary”. | Susan Glomb | Dr. Almasri | | |
| 11 | 11-7-11 | Annual Review. Added References to Policy. | Susan Glomb | Dr. Almasri | | |
| 12 | 11-26-12 | Annual review. Deleted limitation pertaining to A9283 since it is referenced in coding requirement section. | Susan Glomb | Dr. Almasri | 11-26-12 | |
| 13 | 11-29-12 | Changed narrative for L2005 to: Knee ankle foot orthosis, any material single or double upright, stance control, automatic lock and swing release, any type activation, including ankle joint, any type, custom fabrication. | Susan Glomb | Dr. Almasri | | |
| 14 | 06-18-13 | Added criteria and reference for micro-processor controlled KAFOs. | Susan Glomb | Dr. Almasri | | |
| 15 | 12-18-13 | Annual Review. Deleted ht. definition for codes L1900 and L1910-L1990 | Susan Glomb | Dr. Almasri | | |

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| | | Description changes for L2340, L1906 and L1960. | | | | |
| 16 | 12-2-14 | Annual Review. Added: information for L4360, L4361, L4386 and L4387 walking boots/criteria. Also, added L4397 Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf. | Susan Glomb | Dr. B. Almasri | | |
| 17 | 12-14-15 | Annual Review. Updated policy with Medicare criteria. Added ICD-10 codes. References updated. | Susan Glomb | Dr. B. Almasri | | |
| 18 | 12-08-16 | Annual Review. No Changes. | Lisa Wojno | Dr. B. Almasri | December 2016 | |
| 19 | 12-8-17 | Annual review. Updated policy with Medicare criteria. Removed reference to “counterforce” in policy description. Deleted A4466. Added A4467 Belt, Strap, Sleeve, Garment or Covering, (#19 Continued) Any Type. Added A9285 Inversion/Eversion Correction Device. Deleted: ICD-10 M14.661, M14.662, M14.669 for L4631; diagnosis not pertinent to this orthosis. | Carol Dimech | Dr. C. Lerchin | December 2017 | |
| 20 | 2/5/18 | Updated policy to reflect Medicaid criteria: Belt, strap, sleeve, garment, or covering, any type described by code A4467 | Carol Dimech | Dr. C. Lerchin | February 2018 | |

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| | | is covered for members requiring support of a weak body part, but not needing the support of a rigid support. | | | | |
| 21 | 12-5-18 | Annual review. Added: AFOs are considered medically necessary to include minimally ambulatory persons who meet criteria for static or dynamic positioning AFO. Medicare references updated. Walking boot add-on bundling information. Added code L4361 to AFO list. | Carol Dimech | Dr. C. Lerchin | December 2018 | |
| 22 | 12-9-19 | Annual review. Added custom fit requirements and RT and LT modifier instructions. | Carol Dimech | Dr. C. Lerchin | December 2019 | December 2019 |
| 23 | 12-09-20 | Annual Review. Updated 'physician' to 'practitioner'. Added HCPCS L2006. Removed non-specified ICD-10 codes M24.573 and M24.576 from Group 1 and removed non-specified ICD-10 M14.679 from Group 2. Added ICD-10 codes E08.610, E09.610, E10.610, and E11.610 to Group 2 following reference. | Lisa Wojno | Dr. C. Lerchin | December 2020 | December 2020 |
| 24 | 11-8-21 | Added NCD, LCD verbiage to "Important Note". Removed reference to URAC. Added Prefabricated description to policy. | Carol Dimech | Dr. C. Lerchin | November 8, 2021 | |
| 25 | 12-2-22 | Annual review. No changes. | Lisa Wojno | Dr. C. Lerchin | December 2, 2022 | December 2022 |

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| 26 | 12-6-23 | Annual review. No changes. | Carol Dimech | Dr. C. Lerchin | December 6, 2023 | December 2023 |
| 27 | 12-2-24 | Annual review. Updated references. Per CMS guidelines, revised coverage criteria for custom orthosis to state “to prevent tissue injury”; added custom technology descriptor. | Carol Dimech | Dr. C. Lerchin | 12-2-24 | 12-2-24 |