Medical Policy

Northwood

Ankle-Foot/Knee-Ankle-Foot Orthosis

Description

For an orthotic item to be considered for coverage, it must be a rigid or semi-rigid 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) are **reasonable and necessary** for members who meet the coverage criteria outlined below and must be ordered by the member's treating practitioner.

Policy Guidelines

Medicare Member Coverage Criteria:

Refer to Medicare's medical policy (L33686) and article (A52457) for coverage criteria.

Non-Medicare Member Coverage Criteria:

Coverage Criteria:

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 non-fixed 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)

Ankle-Foot/Knee-Ankle-Foot Orthosis

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 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) and replacement interface (L4394) will be denied as not reasonable and necessary. A foot drop splint/recumbent positioning device and replacement interface 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.

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 pre-fabricated components is considered pre-fabricated.
- It is inherent in the definition of pre-fabricated 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.

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.

Elastic or other fabric support garments A4467 (Belt, Strap, Sleeve, Garment or Covering, Any Type) with or without stays or panels do not meet the definition of a brace because they are not rigid or semi-rigid devices. Code A4467 is denied as noncovered.

Ankle-Foot/Knee-Ankle-Foot Orthosis

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.

Socks (L2840, L2850) used in conjunction with orthoses are denied as noncovered.

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 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.

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 RTLT modifier on the same claim line and billed with 2 UOS. Claims billed without modifiers RT and/or LT, or with RTLT 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
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

Ankle-Foot/Knee-Ankle-Foot Orthosis

HCPCS	Description
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF
L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED
L1910	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

Ankle-Foot/Knee-Ankle-Foot Orthosis

HCPCS	Description
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED
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

Ankle-Foot/Knee-Ankle-Foot Orthosis

HCPCS	Description
	FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL 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

Ankle-Foot/Knee-Ankle-Foot Orthosis

HCPCS	Description
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, 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)

Ankle-Foot/Knee-Ankle-Foot Orthosis

HCPCS	Description
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE 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,

Ankle-Foot/Knee-Ankle-Foot Orthosis

HCPCS	Description
	LACER, NON-MOLDED
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL
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, KNEE CAP, 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

Ankle-Foot/Knee-Ankle-Foot Orthosis

HCPCS	Description
	PATIENT MODEL
L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED 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

Ankle-Foot/Knee-Ankle-Foot Orthosis

HCPCS	Description
	AN INDIVIDUAL WITH EXPERTISE
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR 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 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

Ankle-Foot/Knee-Ankle-Foot Orthosis

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

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
E11.610	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

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 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.

References

1. Aetna: Ankle Orthoses, Ankle-Foot Orthoses (AFOs), and Knee-Ankle-Foot Orthosis (KAFOs) *http://www.aetna.com/cpb/medical/data/500_599/0565.html* Last accessed and reviewed December 2, 2024.
2. CGS Administrators, LLC. Jurisdiction B DME MAC, Ankle-Foot/Knee-Ankle-Foot Orthosis. Local Coverage Determination No. L33686 Last accessed/reviewed December 2, 2024.
3. Noridian Healthcare Solutions, LLC. Ankle-Foot/Knee-Ankle-Foot Orthosis. Local Coverage Determination No. L33686. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A; revised January 1, 2020. Last accessed reviewed December 2, 2022.
4. Buschbacher RM. Ankle sprain evaluation and bracing. In Physical Rehabilitation of the Injured Athlete. JR Andrews, GL Harrelson, eds. Philadelphia, PA: WB Saunders Co.; 1991:221-239.
5. Barringer WJ. Principles of orthotic management of athletic injury. In Clinical Sports Medicine. WA Grana, A Kalenak, eds. Philadelphia, PA: WB Saunders Co.; 1991:315-331.
6. Reider B, Belniak R, Miller DW. Football. In Sports Medicine: The School-Age Athlete. 2nd ed. B Reider, ed. Philadelphia, PA: WB Saunders Co.; 1996:613-645.

7. American Academy of Orthopedic Surgeons. Athletic Training and Sports Medicine. 2nd ed. Rosemont, IL: American Academy of Orthopedic Surgeons; 1991:705-715.

8. Hald RD, Fandel DM. Taping and bracing. In Sports Medicine and Rehabilitation: A Sports-Specific Approach. RM Buschbacher, RL Braddom, eds. Philadelphia, PA: Hanley & Belfus, Inc; 1994:337-354.

9. Handoll HH, Rowe BH, Quinn KM, et al. Interventions for preventing ankle ligament injuries. Cochrane Database Syst Rev. 2001;(3):CD000018.

10. Bono CM, Berberian WS. Orthotic devices. Degenerative disorders of the foot and ankle. Foot Ankle Clin. 2001;6(2):329-340.

11. Buonomo LJ, Klein JS, Keiper TL. Orthotic devices. Custom-made, prefabricated, and material selection. Foot Ankle Clin. 2001;6(2):249-252.

12. Grissom SP, Blanton S. Treatment of upper motoneuron plantarflexion contractures by using an adjustable ankle-foot orthosis. Arch Phys Med Rehabil. 2001;82(2):270-273.

13. Mauritz KH. Gait training in hemiplegia. Eur J Neurol. 2002;9 Suppl 1:23-29; discussion 53-61.

14. Gok H, Kucukdeveci A, Altinkaynak H, et al. Effects of ankle-foot orthoses on hemiparetic gait. Clin Rehabil. 2003;17(2):137-139.

15. Kerkhoffs GMMJ, Struijs PAA, Marti RK, et al. Different functional treatment strategies for acute lateral ankle ligament injuries in adults. Cochrane Database Syst Rev. 2002;(3):CD002938.

16. Sackley C, Disler PB, Turner-Stokes L, Wade DT. Rehabilitation interventions for foot drop in neuromuscular disease. Cochrane Database Syst Rev. 2007;(2):CD003908.

17. Rome K, Brown CL. Randomized clinical trial into the impact of rigid foot orthoses on balance parameters in excessively pronated feet. Clin Rehabil. 2004;18(6):624-630.

18. Pinzur MS, Slovenkai MP, Trepman E, et al. Guidelines for diabetic foot care: Recommendations endorsed by the Diabetes Committee of the American Orthopaedic Foot and Ankle Society. Foot Ankle Int. 2005;26(1):113-119.

19. Struijs P, Kerkhoffs G. Ankle sprain. In: BMJ Clinical Evidence. London, UK: BMJ Publication Group; March 2007.

20. De Pisi F. Aids and orthoses in patients with stroke consequences. Clin Exp Hypertens. 2006;28(3-4):383-385.

21. Hijmans JM, Geertzen JH, Dijkstra PU, Postema K. A systematic review of the effects of shoes and other ankle or foot appliances on balance in older people and people with peripheral nervous system disorders. Gait Posture. 2007;25(2):316-323.

22. Richie DH Jr. Effects of foot orthoses on patients with chronic ankle instability. J Am Podiatr Med Assoc. 2007;97(1):19-30.

23. Lin CWC, Moseley AM, Refshauge KM. Rehabilitation for ankle fractures in adults. Cochrane Database Syst Rev. 2008;(3):CD005595.

24. Figueiredo EM, Ferreira GB, Maia Moreira RC, et al. Efficacy of ankle-foot orthoses on gait of children with cerebral palsy: Systematic review of literature. Pediatr Phys Ther. 2008;20(3):207-223.

25. Sheffler LR, Hennessey MT, Knutson JS, et al. Functional effect of an ankle foot orthosis on gait in multiple sclerosis: A pilot study. Am J Phys Med Rehabil. 2008;87(1):26-32.

26. Cooke MW, Marsh JL, Clark M, et al. Treatment of severe ankle sprain: A pragmatic randomised controlled trial comparing the clinical effecitveness and cost-effectiveness of three types of mechanical ankle support with tubular bandage. The CAST trial. Health Technol Assess. 2009;13(13):1-144.

27. Irby SE, Bernhardt KA, Kaufman KR. Gait of stance control orthosis users: The dynamic knee brace system. Prosthet Orthot Int. 2005;29(3):269-282.

28. Zissimopoulos A, Fatone S, Gard SA. Biomechanical and energetic effects of a stance-control orthotic knee joint. J Rehabil Res Dev. 2007;44(4):503-513.

29. Davis PC, Bach TM, Pereira DM. The effect of stance control orthoses on gait characteristics and energy expenditure in knee-ankle-foot orthosis users. Prosthet Orthot Int. 2010;34(2):206-215.

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	

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		

		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	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. Almasri		
13	11-26-12	Annual review – Deleted limitation pertaining to A9283 since it is referenced in the coding requirements section. Added statement that A9283 is a non-covered code.	Susan Glomb	Dr. Almasri	November 2012	
14	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	Nov 12	
15	06-18-13	Added criteria and reference for micro-	Susan Glomb	Dr. Almasri		

		processor controlled KAFOs.				
16	12-18-13	Annual review. Deleted height definition for codes L1900, L1910-L1990	Susan Glomb	Dr. Almasri	Dec 2012	
17	12-18-13	Annual Review. Descriptions/revised coding guidelines for Ankle Orthoses. L2340, L2340, L1906 & L1960.	Susan Glomb	Dr. Almasri	Dec2013	
18	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		
19	12-14-15	Annual Review. Updated policy with Medicare criteria. Updated with ICD-10 codes. References updated.	Susan Glomb	Dr. B. Almasri		
20	12-08-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
21	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, Any Type. Added A9285 Inversion/Eversion Correction Device. Deleted: ICD-10 Diagnosis M14.661,	Carol Dimech	Dr. C. Lerchin	December 2017	

		M14.662, M14.669 for L4631; diagnosis not pertinent to this orthosis.				
22	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	
23	9-6-19	Removed reference to "Medicare" in L4398 not reasonable and necessary statement page 2, paragraph 3.	Carol Dimech	Dr. C. Lerchin	September 2019	
24	10-22-19	Added: Socks L2840, L2850 used with orthoses noncovered.	Carol Dimech	Dr. C. Lerchin	10-22-19	10-22-19
25	12-9-19	Annual review. Added custom fit requirements and RT and LT modifier instructions.	Carol Dimech	Dr. C. Lerchin	12-9-19	12-9-19
26	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

27	12-10-21	Annual Review. Added NCD/LCD verbiage to "Important Note". Added Prefabricated description to policy.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	December 10, 2021	
28	12-2-22	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	December 2, 2022	December 2022
29	12-6-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 6, 2023	December 2023
30	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