

## Medical Policy



### Hip Orthosis/Legg's Perthes Brace (Orthotic Devices – Lower Limb)

#### Description

A hip orthosis (HO) is used to support the hip joint and is normally used to prevent the joint from dislocating. A Legg Perthes brace is used most often in children to keep the femoral head properly positioned in the hip socket.

#### Policy

A hip orthosis (HO), Legg Perthes brace or Pavlik harness is **reasonable and necessary** for members with hip disorders.

#### Policy Guidelines

##### Coverage Criteria:

1. Must be ordered by the member's treating physician.
2. A hip orthosis will be covered to:
  - a. promote healing and/or proper alignment/positioning following injury, procedure or surgery of the hip, or
  - b. to support lower extremities due to muscle weakness or abnormal muscle tone (e.g., high/low fluctuating tone) of permanent or longstanding duration (six months or longer) or
  - c. to support, correct or improve biomechanical alignment (e.g., pronation, supination, varus or valgus), static or dynamic contractures or congenital or acquired deformities of lower extremities.
3. A HO, Legg Perthes brace, or Pavlik harness will be covered for members whose medical record shows documentation of a diagnosis listed under covered ICD-10 codes.
4. A custom HO, Legg Perthes brace, or Pavlik Harness will be covered for members meeting criterion #1 and at least one of the following below:
  - a. The member could not be fitted with a prefabricated orthosis, or
  - b. The member has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury, or
  - c. The member has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

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#### Limitations:

1. Evaluation of the member, measurement and/or casting, and fitting of the orthosis are included in the allowance for the orthosis. These services cannot be billed separately.
2. Repair of an orthosis will be covered for restoration to a serviceable condition which is not the result from misuse, non-intentional or intentional.
3. Replacement of an orthosis is covered if any of the criteria are met:
  - a. Documentation of a change in member's condition or size.
  - b. When necessitated by irreparable damage which is not the result from misuse, non-intentional or intentional.
  - c. The cost of repairs to the splint would exceed the purchase price.

#### HCPCS Level II Codes and Description

L1600	Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment
L1610	Hip orthosis (HO), abduction control of hip joints, flexible, Frejka cover only, prefabricated, joints fitting and adjustment
L1620	HO, Abduction control of hip joints, flexible, Pavlik harness, prefabricated, includes fitting and adjustment
L1630	HO, Abduction control of hip joints, semi-flexible (Von Rosen type) custom fabricated
L1640	HO, Abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated
L1650	HO, Abduction control of hip joints, static, adjustable, (Ifled type), prefabricated, includes fitting and adjustment
L1652	HO, Bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment
L1660	HO, Abduction control of hip joints, static plastic, prefabricated, includes fitting and adjustment
L1680	HO, Abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (rancho hip action type) custom fabricated
L1685	HO, Abduction control of hip joint, post-operative hip abduction type, custom fabricated
L1686	HO, Abduction control of hip joint, post-operative hip abduction type, prefabricated, including fitting and adjustment
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, including fitting and adjustment

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L1700	Legg Perthes orthosis, (Toronto type), custom fabricated
L1710	Legg Perthes orthosis, (Newington type), custom fabricated
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type) custom fabricated
L1730	Legg Perthes orthosis, Scottish Rite type, custom fabricated
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated

### ICD-10 Codes That Support Medical Necessity (not all-inclusive)

M91.80	Other Juvenile osteochondrosis of hip and pelvis, Unspecified leg
Q65.00	Congenital dislocation of unspecified hip, unilateral
Q65.1	Congenital dislocation of hip, bilateral
Q65.30	Congenital partial dislocation of unspecified hip, unilateral
Q65.4	Congenital partial dislocation of hip, bilateral
Q65.01	Congenital dislocation of Right hip
Q65.02	Congenital dislocation of Left hip
Q65.31	Congenital partial dislocation of Right hip unilateral
Q65.32	Congenital partial dislocation of Left hip unilateral
Q65.82	Coxa vara, congenital
Q65.89	Other specified congenital deformity of hip
Q65.9	Congenital deformity of hip, unspecified
S73.6A	Dislocation of hip, unspecified, initial encounter
S73.16A	Posterior dislocation of unspecified hip, initial encounter
S73.26A	Obturator dislocation of unspecified hip, initial encounter
S73.36A	Other anterior dislocation of unspecified hip, initial encounter

### 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

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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

Aetna: Orthopedic Casts, Braces and Splints  
[https://www.aetna.com/cpb/medical/data/1\\_99/0009.html](https://www.aetna.com/cpb/medical/data/1_99/0009.html)  
Last accessed and reviewed 12/9/25.

Amerihealth: Orthotics (Lower Extremity) Policy.  
<https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>  
Accessed/reviewed 12-9-25

MassHealth Guidelines Orthotic and Prosthetic Payment Tool  
<https://www.mass.gov/doc/masshealth-ort-and-prt-payment-and-coverage-guideline-tool-v19/download> Accessed and reviewed 12/9/25.

#### Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective Date:
A	Nov.2006	Initial Release	Rosanne Brugnani	Ken Fasse	n/a	

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### Hip Orthosis/Legg's Perthes Brace (Orthotic Devices – Lower Limb)

01		Annual Review	Susan Glomb	Ken Fasse	Dec.2008	
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec. 2009	
03	12-02-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
05	12-05-11	Annual Review. Added Reference to Policy	Susan Glomb	Dr. B. Almasri	Dec. 2011	
06	11-29-12	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
07	12-30-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
08	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
09	12-15-15	Annual Review. ICD-9 codes replaced with IC-10 codes.	Susan Glomb	Dr. B. Almasri	12-15-15	
10	12-19-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
11	12-15-17	Annual Review. No Changes.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017	
12	12-6-18	Annual review. Added ICD 10 code Q65.9.	Carol Dimech	Dr. C. Lerchin	December 2018	
13	12-06-19	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	December 6, 2019	December 6, 2019
14	12-03-20	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 3, 2020	December 3, 2020
15	12-10-21	Annual Review. Added NCD, LCD verbiage to “Important Note”.	Carol Dimech	Dr. C. Lerchin	December 10, 2021	December 10, 2021
16	12-1-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	12-1-22	12-1-22

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17	12-18-23	Annual review. Clarification of coverage criteria added. ICD-10 code list not all-inclusive.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	12-18-23	12-18-23
18	12-10-24	Annual review. No changes	Susan Glomb/Carol Dimech	Dr. C. Lerchin	12-10-24	12-10-24
19	12-9-25	Annual review. No changes	Susan Glomb	Dr. C. Lerchin	12-9-25	12-9-25