

Ankle-Foot/Knee-Ankle-Foot Orthosis

Tricenturion

Contractor Information	
Contractor Name	Tricenturion
Contractor Number	77011
Contractor Type	DMERC
LMRP Information	
LMRP Database ID Number	L11527
LMRP Version Number	6
LMRP Title	Ankle-Foot/Knee-Ankle-Foot Orthosis
Contractor's Policy Number	AFO20030701
AMA CPT Copyright Statement	CPT codes, descriptions and other data only are copyright 2002 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply.
CMS National Coverage Policy	None
Primary Geographic Jurisdiction	CT DE MA ME NH NJ NY PA RI VT
Oversight Region	Region III
CMS Consortium	Northeast
DMERC Region LMRP Covers	Region A
Original Policy Effective Date	For claims received on or after 10/01/1993
Original Policy Ending Date	
Revision Effective Date	For services performed on or after 07/01/2003
Revision Ending Date	
LMRP Description	Ankle-foot and knee-ankle-foot orthoses.
Indications and Limitations of Coverage and/or Medical Necessity	<p>COVERAGE AND PAYMENT RULES:</p> <p>For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and</p>

limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted to the DMERC. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

For an item to be considered for coverage under the Brace benefit category, 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.

AFOs USED IN NONAMBULATORY PATIENTS:

A static AFO (L4396) is covered if all of the following criteria are met:

- 1) Plantar flexion contracture of the ankle (ICD-9 diagnosis code 718.47) with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture),
- 2) Reasonable expectation of the ability to correct the contracture,
- 3) Contracture is interfering or expected to interfere significantly with the patient's functional abilities,
- 4) Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons.

If a static AFO 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).

A static AFO and replacement interface (L4392) is noncovered when it is used solely for the prevention or treatment of a heel pressure ulcer because for these indications it is not used to support a weak or deformed body member or to restrict or eliminate motion in a diseased or injured part of the body (i.e., it does not meet the definition of a brace).

A static AFO and replacement interface will be denied as not medically necessary if the contracture is fixed. A static AFO and replacement interface will be denied as not medically necessary for a patient with a foot drop but without an ankle flexion contracture. A component of a static AFO that is used to address positioning of the knee or hip will be denied as not medically necessary because the effectiveness of this type of component is not established.

If code L4396 is covered, a replacement interface (L4392) is covered as long as the patient 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 medically necessary.

Medicare does not reimburse for a foot drop splint/recumbent positioning device (L4398) or replacement interface (L4394). A foot drop splint/recumbent positioning device and replacement interface is noncovered when it is used solely for the prevention or treatment of a heel pressure ulcer because for these indications it is not used to support a weak or deformed body member or to restrict or eliminate motion in a diseased or injured part of the body (i.e., it

does not meet the definition of a brace). A foot drop splint/recumbent positioning device and replacement interface will be denied as not medically necessary in a patient with foot drop who is nonambulatory because there are other more appropriate treatment modalities. (Refer to Coding Guidelines for coding of orthoses which are worn when a patient is ambulatory.)

AFOs AND KAFOs USED IN AMBULATORY PATIENTS:

Ankle-foot orthoses (AFO) described by codes L1900-L1990, L2106-L2116, L4350, L4360, and L4386 are covered for ambulatory patients with weakness or deformity of the foot and ankle, who require stabilization for medical reasons, and have the potential to benefit functionally.

Knee-ankle-foot orthoses (KAFO) described by codes L2000-L2039, L2126-L2136, and L4370 are covered for ambulatory patients 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 medically necessary.

The purpose of a brace is to support a weak or deformed body member or to restrict or eliminate motion in a diseased or injured part of the body. When an AFO or KAFO for an ambulatory patient and any related addition is used solely for the treatment of edema and/or for the prevention or treatment of a heel pressure ulcer, it will be denied as noncovered.

AFOs and KAFOs that are molded-to-patient-model, or custom-fabricated are covered for ambulatory patients when the basic coverage criteria listed above are met and one of the following criteria are met:

- 1) The patient 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 patient has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury, or
- 5) The patient has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

If the specific criteria for a molded-to-patient-model, or custom-fabricated orthosis are not met, but the criteria for a prefabricated, custom fitted orthosis are met, payment will be based on the allowance for the least costly medically appropriate alternative.

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

Socks (L2840, L2850) used in conjunction with orthoses are 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:

	<p>Evaluation of the patient, measurement and/or casting, and fitting of the orthosis are included in the allowance for the orthosis. There is no separate payment for these services.</p> <p>Repairs to a covered orthosis due to wear or to accidental damage are covered when they are necessary to make the orthosis functional. The reason for the repair must be documented in the supplier's record. If the expense for repairs exceeds the estimated expense of providing another entire orthosis, no payment will be made for the amount in excess.</p> <p>Replacement of a complete orthosis or component of an orthosis due to loss, significant change in the patient's condition, or irreparable accidental damage is covered if the device is still medically necessary. The reason for the replacement must be documented in the supplier's record.</p> <p>The allowance for the labor involved in replacing an orthotic component that is coded with a specific L code is included in the allowance for that component. The allowance for the labor involved in replacing an orthotic component that is coded with the miscellaneous code L4210 is separately payable in addition to the allowance for that component.</p> <p>Quantities of supplies greater than those described in the policy as the usual maximum amounts, in the absence of documentation clearly explaining the medical necessity of the excess quantities, will be denied as not medically necessary.</p>
CPT/HCPCS Section	Orthotic Procedures
Benefit Category	Leg, Arm, Back, and Neck Braces (orthotics)
Coverage Topic	Braces (arm, leg, back, and neck)
Coding Information	
CPT/HCPCS Codes	<p>The appearance of a code in this section does not necessarily indicate coverage.</p> <p>HCPCS MODIFIERS:</p> <p>EY - No physician or other health care provider order for this item or service. GY - Item or service statutorily excluded or does not meet the definition of any Medicare benefit. LT - Left Side RT - Right Side</p> <p>HCPCS CODES:</p> <p>L1900 ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED</p> <p>L1901 ANKLE ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)</p> <p>L1902 ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT</p> <p>L1904 ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-</p>

FABRICATED

- L1906 ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- 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
- 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, (IRM TYPE), PLASTIC, CUSTOM-FABRICATED
- L1960 ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED
- L1970 ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED
- 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
- 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
- L2035 KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- L2036 KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, CUSTOM-FABRICATED
- L2037 KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, CUSTOM-FABRICATED

L2038 KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH KNEE JOINT, MULTI-AXIS ANKLE, (LIVELY ORTHOSIS OR EQUAL), CUSTOM-FABRICATED

L2039 KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, POLY-AXIAL HINGE, MEDIAL LATERAL ROTATION CONTROL, 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 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, 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

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

L2330 ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL

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 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

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 JOINT

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

L2435 ADDITION TO KNEE JOINT, POLYCENTRIC JOINT, 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

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

L2760 ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)

L2768 ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR

L2770 ADDITION TO LOWER EXTREMITY ORTHOSIS, ANY MATERIAL - PER BAR OR JOINT

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

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

L2860 ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM, EACH

L2999 LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED

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

L4045 REPLACE NON-MOLDED THIGH LACER

L4050 REPLACE MOLDED CALF LACER

L4055 REPLACE NON-MOLDED CALF LACER

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 PNEUMATIC ANKLE CONTROL SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L4360 PNEUMATIC ANKLE FOOT ORTHOSIS, WITH OR WITHOUT JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L4370 PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L4386 NON-PNEUMATIC WALKING SPLINT, WITH OR WITHOUT JOINTS,

	<p>PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT</p> <p>L4392 REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO</p> <p>L4394 REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT</p> <p>L4396 STATIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, PRESSURE REDUCTION, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT</p> <p>L4398 FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT</p>
Not Otherwise Classified (NOC)	
ICD-9 Codes that Support Medical Necessity	<p>The presence of an ICD-9 code listed in this section is not sufficient by itself to assure coverage. Refer to the section on "Indications and Limitations of Coverage and/or Medical Necessity" for other coverage criteria and payment information.</p> <p>For HCPCS codes L4392 and L4396:</p> <p>718.47 CONTRACTURE OF ANKLE AND FOOT JOINT</p>
Diagnoses that Support Medical Necessity	For the specific HCPCS codes indicated above, refer to previous section. For all other HCPCS codes, diagnoses are not specified.
ICD-9 Codes that DO NOT Support Medical Necessity	For the specific HCPCS code indicated above, all ICD-9 codes that are not specified in the preceding section. For all other HCPCS codes, diagnoses are not specified.
Non-Medical Necessity ICD-9 Codes Asterisk Explanation	
Diagnoses that DO NOT Support Medical Necessity	For the specific HCPCS code indicated above, all diagnoses that are not specified in the preceding section. For all other HCPCS codes, diagnoses are not specified.
Reasons for Denials	Items listed in this policy will be denied as not medically necessary when provided for conditions other than those listed in the "Indications and Limitations of Coverage and/or Medical Necessity" section unless it specifically states in that section that they will be denied as noncovered.
Non-covered ICD-9 Codes	
Non-covered Diagnoses	Not specified.
Coding Guidelines	<p>An orthosis (brace) is 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. An orthosis can be either prefabricated or custom-fabricated.</p> <p>A prefabricated orthosis is one which is manufactured in quantity without a specific patient in mind. A prefabricated orthosis may be trimmed, bent, molded (with or without heat), or otherwise modified for use by a specific</p>

patient (i.e., custom fitted). An orthosis that is assembled from prefabricated components is considered prefabricated. Any orthosis that does not meet the definition of a custom-fabricated orthosis is considered prefabricated.

A custom-fabricated orthosis is one which is individually made for a specific patient starting with basic materials including, but not limited to, plastic, metal, leather, or cloth in the form of sheets, bars, etc. It involves substantial work such as cutting, bending, molding, sewing, etc. It may involve the incorporation of some prefabricated components. It involves more than trimming, bending, or making other modifications to a substantially prefabricated item.

A molded-to-patient-model orthosis is a particular type of custom-fabricated orthosis in which an impression of the specific body part is made (by means of a plaster cast, CAD-CAM technology, etc.) and this impression is then used to make a positive model (of plaster or other material) of the body part. The orthosis is then molded on this positive model.

Ankle-foot orthoses extend well above the ankle (usually to near the top of the calf) and are fastened around the lower leg above the ankle. These features distinguish them from foot orthotics which are shoe inserts that do not extend above the ankle.

A nonambulatory ankle-foot orthosis may be either an ankle contracture splint or a foot drop splint.

A static AFO (L4396) is a prefabricated ankle-foot orthosis which has all of the following characteristics:

- 1) Designed to accommodate an ankle with a plantar flexion contracture up to 45°, and
- 2) Applies a dorsiflexion force to the ankle, and
- 3) Allows pressure reduction, and
- 4) Used by a patient who is minimally ambulatory, or nonambulatory, and
- 5) Has a soft interface.

A foot drop splint/recumbent positioning device (L4398) is a prefabricated ankle-foot orthosis which has all of the following characteristics:

- 1) Designed to maintain the foot at a fixed position of 0° (i.e., perpendicular to the lower leg), and
- 2) Not designed to accommodate an ankle with a plantar flexion contracture, and
- 3) Used by a patient who is nonambulatory, and
- 4) Has a soft interface.

Codes L1900, L1904, L1920, L1940-L2030, L2036-L2108, L2126-L2128 describe custom-fabricated orthoses. These codes must not be used for prefabricated (i.e., non-custom-fabricated) orthoses.

Codes L1900-L1990, L2106-L2116, L4350, L4360, and L4386 are used for an ankle-foot orthosis which is worn when a patient is ambulatory. Code L4396 is

used for an ankle-foot orthosis which is worn when a patient is nonambulatory, or minimally ambulatory. Code L4398 is used for an ankle-foot orthosis which is worn when a patient is nonambulatory.

Code L4205 is used for the labor component of repair of a previously provided orthosis except for any labor involved in the replacement of an orthotic component that has a specific L code. It may only be billed for the actual time involved in the repair of an orthosis. It must not be used for any labor involved in the evaluation, fabrication, or fitting of a new or full replacement orthosis. Labor involved in the replacement of an orthotic component that has a specific L code is not separately billable.

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

Ankle-foot orthoses extend well above the ankle (usually to near the top of the calf) and are fastened around the lower leg above the ankle. Foot orthotics are shoe inserts that do not extend above the ankle. The correct codes for foot orthotics provided for patients without diabetes are L3000-L3090. (Refer to the Orthopedic Footwear policy for more information.) Multiple density foot orthotics used in the management of diabetic foot problems are coded A5509-A5511. (Refer to the Therapeutic Shoes for Diabetics policy for more information.)

Code L2860 is invalid for claim submission to the DMERCs. Claims for prefabricated or custom-fabricated devices that contain a concentric adjustable torsion style mechanism in the knee or ankle joint and that are being used to treat a joint contracture should be coded as E1810 (dynamic adjustable knee extension/flexion device) or E1815 (dynamic adjustable ankle extension/flexion device), respectively. If a concentric adjustable torsion style mechanism in the knee or ankle joint is used in a custom-fabricated orthosis to provide an assist function to joint motion during ambulation, it should be coded as L2999.

A column II code must not be billed in addition to the corresponding column I code when provided at the same time for the same limb.

Column I (Column II)

L1900, L1910, L1920, L1980, L1990 (**L4090, L4110**)
L2000-L2030 (**L4070, L4080, L4090, L4100, L4110**)
L2036, L2037, L2039 (**L4070**)
L2188 (**L4020, L4030**)
L2320 (**L4045, L4055**)
L2330 (**L4040, L4050**)
L2335 (**L4090**)
L2340 (**L4130**)
L2510 (**L4020**)
L2520 (**L4030**)
L2530 (**L4045**)
L2540 (**L4040**)
L2550 (**L4060**)

The right (RT) and left (LT) modifiers must be used with orthosis base codes, additions, and replacement parts. When the same code for bilateral items (left and right) is billed on the same date of service, bill both items on the same claim line using the LTRT modifiers and 2 units of service.

Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider" (42 U.S.C. section 13951(e)). It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available to the DMERC upon request.

An order for each new or full replacement item must be signed and dated by the treating physician, kept on file by the supplier, and made available to the DMERC upon request. Items billed to the DMERC before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

The order must list the unique features of the base code that is billed plus every addition that will be billed on a separate claim line. The medical record must contain information which supports the medical necessity of the item and all additions that are ordered. An order is not necessary for the repair of an orthosis.

The order for a static AFO (L4396) or replacement interface material (L4392) must include the ICD-9 diagnosis code and/or narrative description for the underlying condition. The supplier must include this diagnosis code on the claim for the item.

For custom-fabricated orthoses, there must be documentation in the supplier's records to support the medical necessity of that type device rather than a prefabricated orthosis. This information does not have to be routinely sent in with the claim, but must be available to the DMERC on request.

If an AFO or KAFO is used solely for the treatment of edema and/or for the prevention or treatment of a heel pressure ulcer, the GY modifier must be added to the base code and any related addition code. If a static AFO (L4396) or foot drop splint/recumbent positioning device (L4398) is used solely for the prevention or treatment of a heel pressure ulcer, the GY modifier must be added to the base code and to the code for the replacement liner (L4392, L4394). When the GY modifier is added to a code there must be a short narrative statement indicating why the GY modifier was used - e.g., "used to prevent pressure ulcer" or "used to treat pressure ulcer" or "used to treat edema". This statement should be entered in the narrative field of an electronic claim or attached to a hard copy claim.

When code L2999 is billed, the claim must include a narrative description of the item, the manufacturer, the model name or number (if applicable), and information justifying the medical necessity for the item. A claim for code L4205 must include an explanation of what is being repaired. A claim for code L4210 must include a description of each item that is billed. This information should be entered in the narrative field of an electronic claim or attached to a hard copy claim.

All codes for orthoses or repairs of orthoses billed with the same date of service must be submitted on the same claim.

When billing for quantities of suppliers greater than those described in the policy as the usual maximum amounts, each claim must include documentation supporting the medical necessity for the higher utilization. This information

	<p>must be attached to a hard copy claim or entered into the narrative field of an electronic claim. Additionally, there must be clear documentation in the patient's medical records that corroborate the order and any additional documentation that pertains to the medical necessity of the items and quantities billed.</p> <p>Refer to the Orthopedic Footwear policy for information on documentation requirements for shoes and related items which are an integral part of a brace.</p> <p>Refer to the Supplier Manual for more information on documentation requirements.</p>
Appendices	
Footnotes	
Utilization Guidelines	Refer to Indications and Limitations of Coverage and/or Medical Necessity.
Other Comments	<p>Ankle flexion contracture is a condition in which there is shortening of the muscles and/or tendons that plantarflex the ankle with the resulting inability to bring the ankle to 0 degrees by passive range of motion. (0 degrees ankle position is when the foot is perpendicular to the lower leg.)</p> <p>Foot drop is a condition in which there is weakness and/or lack of use of the muscles that dorsiflex the ankle but there is the ability to bring the ankle to 0 degrees by passive range of motion.</p>
Sources of Information and Basis for Decision	Reserved for future use.
Advisory Committee Meeting Notes	
Start Date of Comment Period	04/16/1993
End Date of Comment Period	05/31/1993
Start Date of Notice Period	08/01/1993
Revision History Number	AFO008
Revision History Explanation	<p>Revision Effective Date: 07/01/2003 HCPCS CODES AND MODIFIERS: Corrected HCPCS array to add L4350 – L4370 which were inadvertently omitted from 04/01/2003 revision.</p> <p>Revision Effective Date: 04/01/2003 HCPCS CODES AND MODIFIERS: Added: L1901, L4386, EY INDICATIONS AND LIMITATIONS OF COVERAGE: Adds standard language concerning coverage of items without an order. Adds code L4350, L4360, L4370 and L4386 to range of codes used with ambulatory patients only. DOCUMENTATION REQUIREMENTS: Adds standard language concerning use of EY modifier for items without an order. Revised to allow either ICD-9 diagnosis code or narrative description on order for codes L4392 and L4396.</p> <p>The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.</p>

	<p>04/01/2002 – Added new HCPCS codes descriptors adding “prefabricated.” Added new descriptor for code L4396. Deleted splint codes now under local carrier jurisdiction-L2102, L2104, L2122, L2124. Added definition of custom-fabricated. Added RT and LT modifiers. Added new GY modifier.</p> <p>06/01/1999 – Added HCPCS codes. Revised text for entire policy.</p> <p>07/01/1996 – Corrected description for L1980.</p> <p>04/01/1996 – Corrected description for L1990.</p> <p>10/01/1995 – Revised Documentation section, removing Certificate of Medical Necessity requirement.</p> <p>06/01/1994 – Corrected typo in Coverage and Payment Rules section from 1920 to L1920.</p>
Disclaimer Specialty Name	
LMRP Attachments	There are no attachments for this LMRP

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