

Local Medical Review Policies (LMRPs)

Ankle-Foot/Knee-Ankle-Foot Orthosis

HCPCS CODES:

The appearance of a code in this section does not necessarily indicate coverage.

- L1900 - Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom-fabricated
- L1902 - Ankle foot orthosis, ankle gauntlet, prefabricated, includes fitting and adjustment
- L1904 - Ankle foot orthosis, molded ankle gauntlet, custom-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 knee, 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, without 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 - Knee-ankle-foot orthosis, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment
- L2134 - Knee-ankle-foot orthosis, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment
- L2136 - Knee-ankle-foot orthosis, 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 quadrilateral brim, molded to patient model
- L2520 - Addition to lower extremity, thigh/weight bearing, quadrilateral 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, non-corrosive finish, per bar
- L2785 - Addition to lower extremity orthosis, drop lock retainer, each
- L2795 - Addition to lower extremity orthosis, knee control, full knee cap
- 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 orthosis, 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 knee-ankle-foot orthosis
- L4080 - Replace metal bands knee-ankle-foot orthosis, proximal thigh
- L4090 - Replace metal bands knee-ankle-foot orthosis - ankle foot orthosis, calf or distal thigh
- L4100 - Replace leather cuff knee-ankle-foot orthosis - ankle foot orthosis proximal thigh
- L4110 - Replace leather cuff knee-ankle-foot orthosis - ankle foot orthosis, 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
- L4392 - Replacement, soft interface material,static ankle foot orthosis
- L4394 - Replacement, soft interface material, foot drop splint
- 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
- L4398 - Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment

HCPCS MODIFIER:

LT - Left side

RT - Right side

GY - Item or service statutorily excluded or does not meet the definition of any Medicare benefit

BENEFIT CATEGORY:

Braces (Orthotics)

DEFINITIONS:

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.

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 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.

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.)

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.

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.

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.

COVERAGE AND PAYMENT RULES:

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, “reasonable and necessary” are defined by the following coverage and payment rules.

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 and L2106-L2116 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 and L2126-L2136 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:

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.

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.

Replacement of a complete orthosis or component of an orthosis due to loss, significant change in the patient's condition, irreparable wear, 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.

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.

CODING GUIDELINES:

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 and L2106-L2116 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.

<u>Column I</u>	<u>Column II</u>
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 devices.

DOCUMENTATION:

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. §1395l(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 a new or full replacement orthosis which has been signed and dated by the treating physician must be kept on file by the supplier. 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 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 HA0 record of an electronic claim or attached to a hard copy claim.

A claim for code L2999 must include a narrative description of the item, the brand name and model name/number of the item and a statement defining the medical necessity of the item for the particular patient. 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 HA0 record 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.

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

Refer to the *Supplier Manual* for more information about orders, medical records, and supplier documentation.

EFFECTIVE DATE:

Claims with dates of service on or after April 1, 2002.

This is a revision of a previously published policy.