

LCD for Ankle-Foot/Knee-Ankle-Foot Orthosis (L11527)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L11527

LCD Title

Ankle-Foot/Knee-Ankle-Foot Orthosis

Contractor's Determination Number

AFO

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CMS National Coverage Policy

None

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 10/01/1993

Original Determination Ending Date

Revision Effective Date

For services performed on or after 01/01/2010

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

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 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. 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.

AFOs NOT USED DURING AMBULATION:

A static ankle-foot orthosis (AFO) (L4396) is covered if either all of criteria 1 – 4 or criterion 5 is 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); and,
2. Reasonable expectation of the ability to correct the contracture; and,
3. Contracture is interfering or expected to interfere significantly with the patient's functional abilities; and,
4. Used as a component of a therapy program which includes active stretching of the involved

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muscles and/or tendons.

5. The patient has plantar fasciitis (ICD-9 diagnosis code 728.71).

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 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 will be denied as not medically necessary in a patient with foot drop who is nonambulatory 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, 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-L2038, 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.

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

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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-L2768, L2780-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.

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 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.

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.

Coding Information

CPT/HCPCS Codes

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

HCPCS MODIFIERS:

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

GA – Waiver of liability statement on file

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

KX - Requirements specified in the medical policy have been met

LT - Left Side

RT - Right Side

HCPCS CODES:

A4466 GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE MATERIAL, ANY TYPE, EACH

A9283 FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH

L1900 ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED

L1902 ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

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- L1904 ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED
- L1906 ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- L1907 AFO, 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
- 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, MECHANICAL ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, 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

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FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED

L2035 KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

L2036 KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED

L2037 KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED

L2038 KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED

L2106 ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED

L2108 ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL 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),

Coding Information

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' ORTHOSSES)
- 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

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- L2405 ADDITION TO KNEE JOINT, DROP LOCK, EACH
- L2415 ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT
- L2425 ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT
- L2430 ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT
- L2492 ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING
- L2500 ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING
- L2510 ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL
- L2520 ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED
- L2525 ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL
- L2526 ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED
- L2530 ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED
- L2540 ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL
- 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

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- L2850 ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH
- L2999 LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED
- L4002 REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE
- L4010 REPLACE TRILATERAL SOCKET BRIM
- L4020 REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL
- L4030 REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED
- L4040 REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED 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, INCLUDES FITTING AND ADJUSTMENT
- L4360 WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- L4370 PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- L4386 WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- 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, INCLUDES FITTING AND ADJUSTMENT
- L4398 FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

Coding Information

ICD-9 Codes that Support Medical Necessity

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.

For HCPCS codes L4392 and L4396:

718.47 CONTRACTURE OF ANKLE AND FOOT JOINT

728.71 PLANTAR FASCIAL FIBROMATOSIS

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.

ICD-9 Codes that DO NOT Support Medical Necessity 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.

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." 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 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 upon request. Items billed 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 supplier must include on the claim for a static AFO (L4396) or replacement interface material (L4392) the ICD-9 diagnosis code for the underlying condition.

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 upon request.

KX, GA, GZ MODIFIERS

General Information

Suppliers must add a KX modifier to the AFO/KAFO base and addition codes only if all of the coverage criteria in the "Indications and Limitations of Coverage and or Medical Necessity" section of this policy have been met and evidence of such is retained in the supplier's files and available to the DME MAC upon request.

If all of the criteria in the Indications and Limitations of Coverage and/or Medical Necessity section have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

Claims lines billed with codes without a KX, GA or GZ modifier will be rejected as missing information.

MISCELLANEOUS

A claim for code L2999 must include either a narrative description of the item (for custom fabricated items) or the manufacturer name and model name/number (for pre-fabricated items). For replacement components billed with code L2999, there must also be a HCPCS code or the manufacturer name and model name/number of the base orthosis. This information should be entered in the narrative field of an electronic claim.

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.

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 supplies greater than those described in the policy as the usual maximum amounts, there must be documentation in the patient's medical record supporting the medical necessity for the higher utilization. This information must be available upon request.

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 on documentation requirements.

Appendices

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Advisory Committee Meeting Notes

General Information

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

AFO

Revision History Explanation**Revision Effective Date: 01/01/2010**

HCPCS CODES AND MODIFIERS:

Added: A4466

Deleted: L1901

Revised Description: L4396

Revision Effective Date: 12/01/2009

HCPCS CODES AND MODIFIERS:

Added: GA and GZ modifiers.

Deleted: GY modifier.

DOCUMENTATION REQUIREMENTS:

Added: Instructions for the use of GA and GZ modifiers.

Revision Effective Date: 06/01/2009

HCPCS CODES AND MODIFIERS:

Added: KX modifier.

Deleted: L2770

DOCUMENTATION:

Added: Instructions for use of KX modifier with both the base and addition code(s).

Revision Effective Date: 04/01/2009

INDICATIONS AND LIMITATIONS OF COVERAGE:

Deleted: L1901 and L2770 from code range of AFO-KAFO used with ambulation.

(Note: Code L2770 invalid for claims with DOS on or after 07/01/2008)

HCPCS CODES AND MODIFIERS:

Revised: Code L4360 descriptor

Deleted: Code L2860

03/01/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11527 from DME PSC TriCenturion (77011) LCD L11527.

Revision Effective Date: 01/01/2008

HCPCS CODES AND MODIFIERS:

Added: A9283

General Information

Revision Effective Date: 07/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed: References to DMERC.

DOCUMENTATION REQUIREMENTS:

Removed: References to DMERC.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

HCPCS CODES AND MODIFIERS:

Added: L2034 and L2387

Deleted: L2039

DOCUMENTATION REQUIREMENTS:

Removed requirement for documentation to be attached to the claim.

Revision Effective Date: 04/01/2005

HCPCS CODES AND MODIFIERS:

Added: L1932, L2005, L2232, L4002

Revised: L2035, L2036, L2037, L2038, L2039, L2320, L2330, L2755, L2800, L4040, L4045, L4050, L4055

Deleted: L2435

Revision Effective Date: 07/01/2004

LMRP converted to LCD and Policy Article

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added coverage of codes L4392 and L4396 for the treatment of plantar fasciitis (ICD-9 diagnosis code 728.71).

Revision Effective Date: 04/01/2004

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added codes L4360 and L4386 to paragraph describing coverage of braces used for edema and pressure ulcers.

HCPCS CODES AND MODIFIERS:

Added: L1907, L1951 and L1971

Revised: L1950, L4350, L4360, L4386

DOCUMENTATION REQUIREMENTS:

Added L4360 and L4386 to list of codes requiring the use of modifier GY when used to treat pressure ulcers

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.

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.

General Information

Revised to allow either ICD-9 diagnosis code or narrative description on order for codes L4392 and L4396.

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

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.

06/01/1999 – Added HCPCS codes. Revised text for entire policy.

07/01/1996 – Corrected description for L1980.

04/01/1996 – Corrected description for L1990.

10/01/1995 – Revised Documentation section, removing Certificate of Medical Necessity requirement.

06/01/1994 – Corrected typo in Coverage and Payment Rules section from 1920 to L1920.

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

[A19806 - Ankle-Foot/Knee-Ankle-Foot Orthosis - Policy Article – Effective January 2010](#)

LCD Attachments

There are no attachments for this LCD

Article for Ankle-Foot/Knee-Ankle-Foot Orthosis - Policy Article – Effective January 2010 (A19806)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A19806

Article Type

Article

Key Article

Yes

Article Title

Ankle-Foot/Knee-Ankle-Foot Orthosis - Policy Article – Effective January 2010

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[Primary Geographic Jurisdiction](#)

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

Article Information

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

06/01/2004

Article Revision Effective Date

01/01/2010

Article Text

NON-MEDICAL NECESSITY 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. It must provide support and counterforce (i.e., a force in a defined direction of a magnitude at least as great as a rigid or semi-rigid support) on the limb or body part that it is being used to brace. Items that do not meet the definition of a brace are noncovered.

A static Ankle-Foot Orthosis (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).

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 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 pressure off-loading/supportive device (A9283) is denied as noncovered, no Medicare benefit category, because it does not support a weak or deformed body member or restrict or eliminate motion in a diseased or injured part of the body.

Elastic support garments do not meet the statutory definition of a brace because they are not rigid or semi-rigid devices. Devices that are not rigid or semi-rigid must be coded A4466. Code A4466 will be denied as noncovered (no benefit category).

Socks (L2840, L2850) used in conjunction with orthoses are noncovered - no Medicare benefit.

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

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

CODING GUIDELINES

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.)

Article Information

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.

Plantar fasciitis is an inflammation of the heel of the foot typically resulting from trauma to the deep tissue of the foot (i.e., plantar fascia).

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, night 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 either plantar fasciitis or an ankle with a plantar flexion contracture up to 45°; and,
2. Applies a dorsiflexion force to the ankle; and,
3. Used by a patient who is minimally ambulatory, or nonambulatory; and,
4. 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,

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4. Has a soft interface.

Codes L1900, L1904, L1907, L1920, L1940-L1950, L1960-L1970, L1980-L2030, L2034, L2036-L2108, and L2126-L2128 describe custom-fabricated orthoses. These codes must not be used for prefabricated (i.e., non-custom-fabricated) orthoses.

Codes L1902, L1906, L1910, L1930, L1951, L1971, L2035, L2112-L2116, and L2132-L2136 describe prefabricated orthoses. These codes must not be used for custom-fabricated orthoses.

Codes L1900, L1902-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.

Some replacement items have unique Healthcare Common Procedure Coding System (HCPCS) codes. For example, replacement soft interfaces used with ankle contracture orthoses or foot drop splints are billed with codes L4392 and L4394, respectively. Replacement components that do not have a unique HCPCS code must be billed with a "not otherwise specified" code - L2999. HCPCS codes L4050-L4055 do not describe replacement soft interfaces used with contracture orthoses.

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.

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 A5512 and A5513 (Refer to the Therapeutic Shoes for Persons with Diabetes policy for more information).

Claims for prefabricated or custom-fabricated devices that contain a concentric adjustable torsion style mechanism in the knee or ankle joint should be coded as E1810 (dynamic adjustable knee extension/flexion device, includes soft interface material) or E1815 (dynamic adjustable ankle extension/flexion device, includes soft interface material), respectively. All lines on claims billed with L-codes for devices incorporating a concentric adjustable torsion style mechanism in the knee or ankle joint will be rejected as incorrect coding.

Code A9283 (foot pressure off-loading/supportive device) is used for an item that is designed primarily to reduce pressure on the sole or heel of the foot but that does not meet the definition of a therapeutic shoe for diabetes (A5500, A5501).

It may be a shoe-like item, an item that is used inside a shoe and may or may not extend outside the shoe, or an item that is attached to a shoe. It may be prefabricated or custom fabricated.

When products are used solely to treat edema or ulcers or to prevent an ulcer of the lower extremity, they should be coded based on the patient's condition. For example, walking boots are coded L4360 and L4386 when they are used as a brace for the treatment of orthopedic conditions. However, if walking boots are used solely for the prevention or treatment of a lower extremity ulcer or edema reduction, they must be coded A9283.

When using code A9283, there is no separate billing using addition codes. Replacement liners for

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devices billed with A9283 must be billed with code A9270 (noncovered item or service).

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 RTLT modifiers and 2 units of service. Claims billed without modifiers RT and/or LT will be rejected as incorrect coding.

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.

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.

Addition codes L4002 – L4130, and L4392 are for billing of replacement components and are not payable at initial issue of a base orthosis. When claims for code(s) L4002 – L4130, and L4392 are billed at the time of initial issue of a base orthosis, the addition code(s) will be rejected as incorrect coding.

Suppliers should contact the Pricing, Data Analysis, and Coding (PDAC) contractor for guidance on the correct coding of these items.

Other Information

Other Comments

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A19806 from DME PSC TriCenturion (77011) Article A19806.

Revision History Explanation

Revision Effective Date: 01/01/2010

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Information for code A4466.

CODING GUIDELINES:

Deleted: Reference to invalid code L2770.

Revision Effective Date: 12/01/2009

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Information on code A9283.

CODING GUIDELINES:

Revised: Instructions for coding A9283.

Revised: Instructions for code L2770.

Revised: Instructions for coding concentric adjustable torsion joints.

Revised: Instructions for RT/LT modifiers.

Revision Effective Date: 06/01/2009

CODING GUIDELINES:

Deleted: Code L2035 from the custom-fabricated orthoses list.

Other Information

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.

Revision Effective Date: 04/01/2009

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Noncoverage language for elastic support garments.

CODING GUIDELINES:

Deleted: Code L1901 from the prefabricated orthoses list and from the from ankle-foot orthosis worn by ambulatory patients.

Added: Code L2770 is invalid for dates of service (DOS) on or after 07/01/2008.

Removed: Column I/Column II table in lieu of statement about billing replacement codes at time of initial issue.

Revised: SADMERC to PDAC.

03/01/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A19806 from DME PSC TriCenturion (77011) Article A19806.

Revision Effective Date: 01/01/2008

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Noncoverage statement regarding A9283.

CODING GUIDELINES:

Added: Definition of A9283.

Revision Effective Date: 07/01/2007

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Changed title of previous Therapeutic Shoes for Diabetics LMRP, to the new LCD title – Therapeutic Shoes for Persons with Diabetes.

CODING GUIDELINES:

Changed: Title of previous Therapeutic Shoes for Diabetics LMRP, to the new LCD title – Therapeutic Shoes for Persons with Diabetes.

Removed: Reference to DMERC.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

CODING GUIDELINES:

Added: L2034

Deleted: L2039

Revision Effective Date: 04/01/2005

CODING GUIDELINES:

Added: L4002 to correct coding table.

Revision Effective Date: 07/01/2004

LMRP Converted to LCD and Policy Article.

CODING GUIDELINES:

Revised: Definition of L4396 to include use in the treatment of plantar fasciitis.

Other Information

Related Documents

LCD(s)

[L11527 - Ankle-Foot/Knee-Ankle-Foot Orthosis](#)