Ankle-Foot and Knee-Ankle-Foot Orthotics

MEDICAL POLICY NUMBER: 293

Effective Date: 7/1/2024

Last Review Date: 4/2024

Next Annual Review: 4/2025

INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

PLAN PRODUCT AND BENEFIT APPLICATION

☒ **Commercial** ☒ **Medicaid/OHP*** ☐ **Medicare****

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered **"not medically necessary"** for Medicare members.

COVERAGE CRITERIA

Ankle-Foot Orthoses (AFOs) Not Used During Ambulation

Initial Provision

I. One static or dynamic positioning AFO (HCPCS: L4396 or L4397) per leg may be considered **medically necessary** when either of the following criteria are met (A.-B.):

   A. Patient has plantar fasciitis (see Billing Guidelines for applicable diagnoses); **or**
   B. All of the following are met (i.-iv.):
      i. Plantar flexion contracture of the ankle (see Billing Guidelines for applicable diagnoses) with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture) and both of the following are met (1.-2.);
         1. The pre-treatment passive range of motion is measured with a goniometer and documented in the medical record; **and**
         2. Documentation shows appropriate stretching program has been carried out by professional staff (in a nursing facility) or caregiver (at home); **and**
      ii. Reasonable expectation of the ability to correct the contracture; **and**
      iii. Contracture is interfering or expected to interfere significantly with the beneficiary's functional abilities; **and**
      iv. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons.

II. A maximum of one (1) replacement interface (HCPCS: L4392) per leg may be considered **medically necessary** per six (6) month period when criterion I. above is met.

III. A static or dynamic positioning ankle-foot orthosis is considered **not medically necessary** when

criterion I. above is not met.

IV. If a static or dynamic positioning AFO does not meet medically necessary criteria, the soft interface (L4392) is also considered **not medically necessary**.

Ankle-Foot Orthoses (AFO) and Knee-Ankle Foot Orthoses (KAFO) Used During Ambulation

V. One AFO (HCPCS: L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2106, L2108, L2112, L2114, L2116, L4350, L4360, L4361, L4386, L4387 and L4631) per leg may be considered **medically necessary** for ambulatory beneficiaries with weakness or deformity of the foot and ankle when both of the following criteria are met (A.-B.):

A. Patient requires stabilization for medical reasons; **and**
B. Patient has the potential to benefit functionally.

VI. One KAFO (HCPCS: L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2126, L2128, L2132, L2134, L2136, and L4370) per leg may be considered **medically necessary** for patients for whom an ankle-foot orthosis met medical necessity requirements and for whom additional knee stability is required.

VII. L coded **additions to** ankle-foot orthoses and knee-ankle-foot orthoses (L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2232, L2240, L2250, L2260, L2265, L2270, L2275, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2360, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2750, L2755, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2820, L2830) may be considered **medically necessary** when either criteria V., VI., or VII. above are met.

VIII. Concentric adjustable torsion style mechanism used to assist ankle joint plantarflexion or dorsiflexion (HCPCS: L2999) may be considered **medically necessary** for patients who require ankle plantar or dorsiflexion assist in the absence of any co-existing joint contracture**.**

IX. One **custom fabricated** AFO or KAFO per leg may be considered **medically necessary** when criterion V. or VI. above are met **and** at least one of the following (A.-E.):

A. Patient could not be fit with a prefabricated ankle-foot orthoses; or
B. The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); or
C. There is a need to control the knee, ankle or foot in more than one plane; or
D. Patient has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or
E. Patient has a healing fracture which lack normal anatomical integrity or anthropometric proportions.

X. Custom fabricated AFOs and KAFOs are considered **not medically necessary** when criterion IX. above is not met.

Other Non-Covered Equipment or Accessories

XI. Static or dynamic positioning ankle-foot orthosis (HCPCS: L4396 or L4367) or replacement interface (L4392) is considered **not medically necessary** for the treatment of fixed plantar flexion contracture of the ankle (i.e, dorsiflexion on passive range of motion less than 10 degrees).

XII. Static or dynamic positioning ankle-foot orthosis (HCPCS: L4396 or L4367) or replacement interface (L4392) is considered **not medically necessary** for the treatment of foot drop without an ankle flexion contracture.

XIII. A component of a static/dynamic ankle-foot orthosis that is used to address positioning of the knee or hip is considered **not medically necessary**.

XIV. Microprocessor-controlled knee-ankle foot orthosis devices (e.g. C-brace Orthotronic Mobility System by Ottobock USA) are considered **not medically necessary.**

XV. Ankle-foot orthoses and knee-ankle-foot orthoses requested solely to allow the patient to engage in leisure, recreational, hobby, sport or social activities are considered **not medically necessary**.

XVI. More than one AFO or KAFO for the same leg or foot at one time will be considered a duplicate item and as such is considered **not medically necessary**.

Replacements

XVII. Replacement of an AFO/KAFO may be considered **medically necessary** when any of the following are met (A.-D.):

A. There is a change in the physical condition of the patient and the current orthotic no longer meets the member's medical needs; or
B. Replacement is needed due to irreparable *damage* (e.g., fire, flood, etc.) or if the existing orthotic is lost or stolen; or
C. When replacement is needed due to irreparable *wear* and when the reasonable useful lifetime (RUL) of the equipment has been reached (at least 5 years) and the equipment has been in continuous use by the patient.

XVIII. Replacement of an AFO/KAFO is considered **not medically necessary** when Criterion XVII above is not met.

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

This policy may be primarily based on the following Center for Medicare and Medicaid Services (CMS) guidance resources:

- Local Coverage Determination (LCD): Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686);[1]
- Local Coverage Article: Ankle-Foot/Knee-Ankle-Foot Orthoses - Policy Article (A52457).[2]

DEFINITIONS

Ankle-Foot Orthosis (AFO)

An ankle-foot orthosis is a support intended to control the position and motion of the ankle, compensate for weakness, or correct deformities. AFOs can be used to support weak limbs, or to position a limb with contracted muscles into a more normal position. In addition, AFOs are used to control foot drop caused by a variety of neurologic and musculoskeletal disorders. The goal of AFO use is to stabilize the foot and ankle and provide toe clearance during the swing phase of gait. A typical AFO creates an L-shaped frame around the foot and ankle, extending from just below the knee to the metatarsal heads of the foot. [3]

Knee-Ankle-Foot Orthosis (KAFO)

A Knee Ankle Foot Orthosis is a lower extremity orthotic that is used to control instabilities in the knee and lower limb by maintaining proper alignment and controlling motion.

Microprocessor-Controlled Orthoses

Microprocessor activated mobility devices combine electronic components with specialized orthotic braces to reportedly provide assistance in walking to individuals with back injuries or leg muscle weakness. Examples of microprocessor activated devices include, but may not be limited to, the C-Brace Orthotronic Mobility System (Ottobock USA).

Replacements

"Replacement" is defined as "the provision of an entirely identical or nearly identical item when the original item is lost, stolen, or irreparably damaged."

Replacement of AFO and KAFO may be allowed:

- When the replacement is due to loss, theft, or irreparable *damage*; or

- When there has been a change in the member's medical condition which requires a different AFO/KAFO to provide clinical or therapeutic benefit; or
- When replacement is needed due to irreparable *wear* and the reasonable useful lifetime (RUL) of the current orthosis is met (RUL for DMEPOS items is five years unless a specific LCD/PA specifies otherwise).

The Noridian LCD for AFOs and KAFOs does **not** indicate the RUL is less than 5 years, so the 5-year rule will be applied.

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

CLINICAL EVIDENCE AND LITERATURE REVIEW

EVIDENCE REVIEW

Criteria for ankle-foot orthoses (AFO) and knee-ankle-foot orthoses (KAFO) are based on guidance documents form the Center for Medicare and Medicaid services. As such, a review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted solely regarding the use of microprocessor-controlled KAFO devices. Below is a summary of the available evidence identified through March 2024.

- In 2021, Hayes published an evidence analysis research brief addressing the safety and efficacy of the C-Brace (Ottobock) for Mobility and Stability Following Paralysis of the Lower Extremity.[4] A search of the peer-reviewed, published literature yielded a paucity of evidence addressing the use of the C-Brace for mobility and stability following paralysis of the lower extremity. Studies included for review (1 prospective controlled trial, 1 prospective uncontrolled study, and 1 user survey) suffered from small sample-sizes and lack of long-term follow-up.

- In 2021, Deems-Dluhy and colleagues conducted a randomized crossover trial of a microprocessor swing- and stance-controlled knee-ankle-foot orthosis.[5] In total, 18 community-dwelling adults were assigned to receive a C-brace orthosis and a stance-control-orthosis in a randomized order. The C-brace controls with a microprocessor-controlled knee throughout stance and swing phases of gait. All participants received six sessions of training over a one-month period. Statistically significant differences were reported between post-microprocessor orthosis and post-stance-control orthosis in the six-minute walk test, with longer times post-microprocessor orthosis. Higher quality of life scores were reported in the Modified Falls Efficacy Scale, Orthotic and Prosthetic User's Survey (OPUS) (p=0.02) and physical health domain of the World Health Organization Quality of Life (WHOQOL-BREF) (p=0.037) after using the microprocessor-controlled orthosis. There were also fewer participant-reported falls when wearing the microprocessor-controlled orthosis versus a stance-control-orthosis or locked knee-

ankle-foot orthosis. Limitations include the study's small sample size and lack of long-term follow-up.

CLINICAL PRACTICE GUIDELINES

No relevant clinical practice guidelines addressing the use of microprocessor-controlled KAFO devices were identified.

EVIDENCE SUMMARY

Evidence is insufficient to establish the effectiveness of microprocessor-controlled KAFO devices, especially in comparison to a standard orthotics; therefore, orthotronic mobility systems (i.e., C-brace) are considered not medically necessary. Larger, high quality studies are needed to determine safety and efficacy. Ongoing clinical trials addressing these devices may be helpful in addressing existing gaps in the evidence base.

BILLING GUIDELINES AND CODING

- Claims for a foot drop splint/recumbent positioning device (L4398) or replacement interface (L4394) will not be reimbursed. A foot drop splint/recumbent positioning device and replacement interface will be denied as not reasonable and necessary in a beneficiary with foot drop who is nonambulatory because there are other more appropriate treatment modalities.

- Concentric adjustable torsion style mechanisms used to assist knee joint extension are coded as L2999 and are covered for beneficiaries who require knee extension assist in the absence of any co-existing joint contracture.

- Concentric adjustable torsion style mechanisms used to assist knee joint extension should be coded as L2999.

- Concentric adjustable torsion style mechanisms used for the treatment of contractures, regardless of any co-existing condition(s), are coded as E1810 and/or E1815 and are covered.

- Claims for devices incorporating concentric adjustable torsion style mechanisms used for the treatment of any joint contracture and coded as L2999 will be denied as incorrect coding.

- The correct code for micro-processor-controlled knee-ankle foot orthosis devices (e.g. C-brace Orthotronic Mobility System by Ottobock USA) is L2006.

- HCPCS code L9900 is never allowed separate reimbursement because is considered a bundled item or service, even if billed alone.

ICD-10 Codes that Support Medical Necessity:

The presence of an ICD-10 code listed in this section is not sufficient by itself to assure coverage. Refer to the Policy Criteria and Policy Guidelines section for other coverage criteria and payment information. For HCPCS codes L4392, L4396 and L4397:

M24.571	Contracture, right ankle
M24.572	Contracture, left ankle
M24.574	Contracture, right foot
M24.575	Contracture, left foot
M72.2	Plantar fascial fibromatosis

For HCPCS code L4631:

A52.16	Charcot's arthropathy (tabetic)
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
M14.671	Charcot's joint, right ankle and foot
M14.672	Charcot's joint, left ankle and foot

CODES*		
CPT	None	
HCPCS	A4467	Belt, strap, sleeve, garment, or covering, any type
	A9283	Foot pressure off loading/supportive device, any type, each
	A9285	Inversion/eversion correction device
	L1900	Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom fabricated
	L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf
	L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated
	L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf
	L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated
	L1910	Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
	L1920	Ankle foot orthosis, single upright with static or adjustable stop (phelps or perlstein type), custom fabricated
	L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment
	L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment
	L1940	Ankle foot orthosis, plastic or other material, custom fabricated

	L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated
	L1950	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom fabricated
	L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment
	L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated
	L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated
	L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment
	L1980	Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'bk' orthosis), custom fabricated
	L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated
	L2000	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), custom fabricated
	L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated
	L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated
	L2010	Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), without knee joint, custom fabricated
	L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated
	L2030	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'ak' orthosis), without knee joint, custom fabricated
	L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated
	L2035	Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment
	L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated
	L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated
	L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated
	L2106	Ankle foot orthosis, fracture orthosis, tibial 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
	L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
	L2240	Addition to lower extremity, round caliper and plate attachment
	L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment
	L2260	Addition to lower extremity, reinforced solid stirrup (scott-craig type)
	L2265	Addition to lower extremity, long tongue stirrup
	L2270	Addition to lower extremity, varus/valgus correction ('t') strap, padded/lined or malleolus pad
	L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
	L2280	Addition to lower extremity, molded inner boot
	L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable
	L2310	Addition to lower extremity, abduction bar-straight
	L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only
	L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
	L2335	Addition to lower extremity, anterior swing band
	L2340	Addition to lower extremity, pre-tibial shell, molded to patient model

	L2350	Addition to lower extremity, prosthetic type, (bk) socket, molded to patient model, (used for 'ptb' 'afo' orthoses)
	L2360	Addition to lower extremity, extended steel shank
	L2370	Addition to lower extremity, patten bottom
	L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup
	L2380	Addition to lower extremity, torsion control, straight knee joint, each joint
	L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint
	L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint
	L2390	Addition to lower extremity, offset knee joint, each joint
	L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint
	L2397	Addition to lower extremity orthosis, suspension sleeve
	L2405	Addition to knee joint, drop lock, each
	L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint
	L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint
	L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint
	L2492	Addition to knee joint, lift loop for drop lock ring
	L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ ischial weight bearing, ring
	L2510	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, molded to patient model
	L2520	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, custom fitted
	L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim molded to patient model
	L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim, custom fitted
	L2530	Addition to lower extremity, thigh-weight bearing, lacer, non-molded
	L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model
	L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff
	L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar
	L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only
	L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)
	L2768	Orthotic side bar disconnect device, per bar
	L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar
	L2785	Addition to lower extremity orthosis, drop lock retainer, each
	L2795	Addition to lower extremity orthosis, knee control, full kneecap
	L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only
	L2810	Addition to lower extremity orthosis, knee control, condylar pad
	L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section

	L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section
	L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each
	L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each
	L2999	Lower extremity orthoses, not otherwise specified
	L4002	Replacement strap, any orthosis, includes all components, any length, any type
	L4010	Replace trilateral socket brim
	L4020	Replace quadrilateral socket brim, molded to patient model
	L4030	Replace quadrilateral socket brim, custom fitted
	L4040	Replace molded thigh lacer, for custom fabricated orthosis only
	L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only
	L4050	Replace molded calf lacer, for custom fabricated orthosis only
	L4055	Replace non-molded calf lacer, for custom fabricated orthosis only
	L4060	Replace high roll cuff
	L4070	Replace proximal and distal upright for kafo
	L4080	Replace metal bands kafo, proximal thigh
	L4090	Replace metal bands kafo-afo, calf or distal thigh
	L4100	Replace leather cuff kafo, proximal thigh
	L4110	Replace leather cuff kafo-afo, calf or distal thigh
	L4130	Replace pretibial shell
	L4205	Repair of orthotic device, labor component, per 15 minutes
	L4210	Repair of orthotic device, repair or replace minor parts
	L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf
	L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
	L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
	L4370	Pneumatic full leg splint, prefabricated, off-the-shelf
	L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
	L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf
	L4392	Replacement, soft interface material, static afo
	L4394	Replace soft interface material, foot drop splint
	L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
	L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf
	L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf

	L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated
	L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L"; code

***Coding Notes:**

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686). https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=33686. Published 2020. Accessed 3/15/2023.
2. Centers for Medicare & Medicaid Services. Local Coverage Article: Ankle-Foot/Knee-Ankle-Foot Orthoses - Policy Article (A52457). https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52457. Published 2021. Accessed 3/15/2023.
3. AliMed. AFOs. https://www.alimed.com/afo-info-blog/. Published 2014. Accessed 3/15/2023.
4. Hayes Inc. C-Brace (Ottobock) for Mobility and Stability Following Paralysis of the Lower Extremity. Published Aptil 16, 2021. https://evidence.hayesinc.com/report/earb.cbrace4877. Published 2021. Accessed 3/15/2024.
5. Deems-Dluhy S, Hoppe-Ludwig S, Mummidisetty CK, Semik P, Heinemann AW, Jayaraman A. Microprocessor controlled knee ankle foot orthosis (KAFO) vs stance control vs locked KAFO: A randomized controlled trial. *Archives of physical medicine and rehabilitation.* 2021;102(2):233-244

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Updated to new template
7/2023	Annual review. Investigational criteria changed to not medically necessary.
7/2024	Annual review. Add replacement and duplicate item criteria