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| **Department:** | Medical Management | **Original Approval:** | 10/18/2017 |
| **Policy #:** | MM158 | **Last Approval:** | 10/18/2018 |
| **Title:** | Ankle Foot Orthotics and Ankle Knee Orthotics | | |
| **Approved By:** | UM Committee | | |

**REQUIRED DOCUMENTATION**

- Chart notes detailing the symptoms, what the patient has tried, exam, imaging studies if applicable, assessment and plan.

## DEFINITION

Orthosis (brace) - a rigid and semi-rigid device which is used for the purpose of supporting a weak or deformed body part or restricting or eliminating motion in a disease or injured part of the body. An orthosis can be classified as either prefabricated (off-the-shelf or custom fitted) or custom-fabricated.

Prefabricated Orthotics (Off-the-shelf) - Require minimal self-adjustment not requiring a not require expertise of a certified orthotist or an individual who has equivalent specialized training for fitting at the time of delivery for appropriate use and do not require expertise in trimming, bending, and molding, assembling, or customizing to fit an individual.

Custom-fitted Orthotic - Requires substantial modification for fitting at the time of delivery in order to provide an individualized fit, i.e., the item must be trimmed, bent, molded (with or without heat), or otherwise modified resulting in alterations beyond minimal self-adjustment. Require expertise of a certified orthotist or an individual who has equivalent specialized training in the provision of orthosis to fit the item to the individual beneficiary.

Custom-fabricated Orthosis – Individually made for specific member starting with basic materials including, but not limited to, plastic, metal, leather, or cloth. The orthosis is then individually fabricated and molded over the positive model.

Foot drop –Weakness and/or lack of use of the muscles that dorsiflex the ankle, but there is the ability to bring the ankle to zero (0) degrees by passive range of motion.

## INDICATIONS/CRITERIA

**MEET THE FOLLOWING CRITERIA PER CATEGORY**


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A. **AFOs NOT USED DURING AMBULATION:**
An L4396 or L4397 (Static or dynamic positioning ankle-foot orthosis) is covered if either all of criteria 1 - 4 or criterion 5 is met:

1. Plantar flexion contracture of the ankle (see Diagnosis Codes That Support Medical Necessity Group 1 Codes section) 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 beneficiary's functional abilities; and,
4. Used as a component of a therapy program, this includes active stretching of the involved muscles and/or tendons.
5. The beneficiary has plantar fasciitis (see Diagnosis Codes That Support Medical Necessity Group 1 Codes section). If an L4396 or L4397 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).

An L4396 or L4397 and replacement interface (L4392) will be denied as not reasonable and necessary if the contracture is fixed. Codes L4396, L4397 and L4392 will be denied as not reasonable and necessary for a beneficiary with a foot drop but without an ankle flexion contracture. A component of a static/dynamic AFO that is used to address positioning of the knee or hip will be denied as not reasonable and necessary because the effectiveness of this type of component is not established.

If code L4396 or L4397 is covered, a replacement interface (L4392) is covered as long as the beneficiary 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 reasonable and 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 reasonable and necessary in a beneficiary with foot drop who is non-ambulatory because there are other more appropriate treatment modalities.

B. **AFO AND KAFO USED DURING AMBULATION:**
Ankle-foot orthoses (AFO) described by codes L1900, L1902-L1990, L2106-L2116, L4350, L4360, L4361, L4386, L4387 and L4631 are covered for ambulatory beneficiaries with weakness or deformity of the foot and ankle, who:
1. Require stabilization for medical reasons, and,
2. Have the potential to benefit functionally.


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Knee-ankle-foot orthoses (KAFO) described by codes L2000-L2038, L2126-L2136, and L4370 are covered for ambulatory beneficiaries 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 reasonable and necessary.

AFOs and KAFOs that are custom-fabricated are covered for ambulatory beneficiaries when the basic coverage criteria listed above and one of the following criteria are met:

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

If a custom fabricated orthosis is provided but basic coverage criteria above and the additional criteria 1-5 for a custom fabricated orthosis are not met, the custom fabricated orthosis will be denied as not reasonable and necessary.

L coded additions to AFOs and KAFOs (L2180-L2550, L2750-L2768, L2780-L2830) will be denied as not reasonable and necessary if either the base orthosis is not reasonable and necessary or the specific addition is not reasonable and necessary.

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 ankle joint plantarflexion or dorsiflexion are coded as L2999 and are covered for beneficiaries who require ankle plantar or dorsiflexion assist in the absence of any co-existing joint contracture.

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 under the Durable Medical Equipment benefit (refer to the CODING GUIDELINES section in the LCD-related Policy Article).

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.


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

Replacement components (e.g., soft interfaces) that are provided on a routine basis, without regard to whether the original item is worn out, are covered under the refill requirements

## SPECIAL CONSIDERATIONS

**Ankle Foot Orthoses and Knee Ankle Foot Orthoses For Children under age 5:**

The coverage of Ankle Foot Orthoses requires accommodation for rapid growth of the patient.
The use of AFO or Ponseti brace for treatment of congenital clubfoot (talipes equinovarus) is detailed on the following reference: http://global-help.org/publications/books/help_cfponseti.pdf

The bilateral braces are expected to be replaced every 3 months in the first year and every 4-6 months in the second through fourth years of treatment.

**For Older Children and Adults:**

THERE IS NO RESTRICTION BASED ON AGE FOR APPLE HEALTH MEMBERS UNDER AGE 21.

The coverage of Ankle foot and knee ankle foot orthoses follows the guidelines described by Medicare LCD for Ankle-Foot/Knee-Ankle-Foot Orthosis and for Ankle-Foot Orthoses (AFO) and Knee-Ankle-Foot Orthoses (KAFO) definitions of off-the-shelf and custom fitted, refer to the CODING GUIDELINES section in the LCD-related Policy Article.

**Custom Orthotics:**

Foot insert removable, molded to patient model, (L3000) is allowed for Apple Health without age restriction:
One pair per 12 month period if one of the following criteria is met:

- Required to prevent or correct pronation
- Required to promote proper foot alignment due to pronation
- For ankle stability as required due to an existing medical condition such as hypotonia, Cerebral Palsy, etc.
- For treatment of Hallux Valgus (Bunions)

Foot insert, removable, formed to patient foot (L3030) is allowed without age restriction:
One pair per 12-month period if one of the following criteria is met:

- Severe arthritis with pain
- Flat feet or pes planus with pain
- Valgus or Varus deformity with pain
- Plantar fasciitis with pain
- Pronation


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**According to the HCA:**
Adult orthoses can be replaced annually.

**LIMITATIONS/EXCLUSIONS**
Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

| PRODUCT LINE | LINK TO CERTIFICATE OF COVERAGE |
|---|---|
| MEDICARE ADVANTAGE | http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides |
| WASHINGTON APPLE HEALTH | http://chpw.org/our-plans/apple-health/ |
| INTEGRATED MANAGED CARE | http://chpw.org/our-plans/apple-health/ |

## Citations & References

| | | |
|---|---|---|
| **CFR** | | |
| **WAC** | WAC 182- 543-1000 | |
| **RCW** | | |
| **Contract Citation** | ☒ WAH | 1.55 Durable Medical Equipment |
| | ☒ FIMC | |
| | ☒ MA | |
| **Other Requirements** | | |
| **NCQA Elements** | | |

## Revision History

| Revision Date | Revision Description | Revision Made By |
|---|---|---|
| 10/16/2017 | Policy Creation | LuAnn Chen, MD |
| 10/18/2017 | Approval | MMLT |
| 03/27/2018 | Changed from UM432 to MM158 | Cindy Bush |


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| 09/06/2018 | Clarified that there is no restriction based on age.<br>Added HCA criteria for custom orthotics | LuAnn Chen, MD |
| 10/12/18 | Added definitions and updated formatting | Yves Houghton, RN |
| 10/18/2018 | Approval | UM Subcommittee |


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