Contractor Information

Contractor Name
Noridian Administrative Services

Contractor Number
19003

Contractor Type
DME MAC

Article Information

Article ID Number
A19800

Article Type
Article

Key Article
Yes

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

Primary Geographic Jurisdiction
Alaska
American Samoa
Arizona
California - Entire State
Guam
Hawaii
Iowa
Idaho
Kansas
Missouri - Entire State
Montana
North Dakota
Nebraska
Nevada
Oregon
South Dakota
Utah
Washington
Wyoming
Northern Mariana Islands

DME Region Article Covers
Jurisdiction D

Original Article Effective Date
07/01/2004
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 Orthoses (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 non-covered (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.)

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
4. Has a soft interface.


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 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, 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, 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.

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Revision History Explanation

Revision Effective Date: 01/01/2010
NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:
Added: Information on 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
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 ankle-foot orthosis worn by ambulatory patients.
Added: Code L2770 is invalid for dates of service (DOS) on or after 07/01/2008.
Revised: Removed Column I/Column II table in lieu of statement about billing replacement codes at time of initial issue.
Revised: SADMERC to PDAC

3/1/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC Noridian Administrative Services (19003) Article A19800 from DME PSC Electronic Data Systems Corp. (77006) Article A19800.

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.

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC Electronic Data Systems Corp. (77006) from DMERC CIGNA Government Services (05655).

Revision Effective Date: 01/01/2006
CODING GUIDELINES:
Added: L2034
Deleted: L2039

Revision Effective Date: 04/01/2005
HCPCS CODES AND MODIFIERS:
Added: L2005, L2232, L4002
Deleted: L2435

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.

Related Documents

LCD(s)
L142 - Ankle-Foot/Knee-Ankle-Foot Orthosis