


MEDICAL POLICY	Ankle-Foot/Knee-Ankle-Foot Orthoses (Medicare Only)
Effective Date: 6/1/2022	Medical Policy Number: 294
 6/1/2022	Medical Policy Committee Approved Date: 4/2021; 4/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

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

APPLIES TO:

Medicare Only

DOCUMENTATION REQUIREMENTS

If needed, the Noridian Durable Medical Equipment Medicare Administrative Contractor (DMEMAC) [Documentation Checklist For Ankle-Foot/Knee-Ankle-Foot Orthoses](#) can be used to determine if all applicable documentation to support medical necessity are available, in support of the relevant local coverage determination (LCD) and local coverage article (LCA) found below.

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines	HCPCS Code(s)
<i>Non-Covered Ankle-Foot Orthoses (AFOs) and Knee-Ankle-Foot Orthoses (KAFOs)</i>	LCD: Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686)	A4467, A9283, A9285, L2840, L2850
<i>AFOs and KAFOs - General</i>	LCD: Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686) <i>See "Policy Guidelines" below.</i>	Multiple – See CPT/HCPCS table below. Note: Devices must be coded based on the applicable medical

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	See the “Billing Guidelines” section for information regarding prefabricated (off-the-shelf) or custom-fitted items vs. custom-fabricated items.	condition being treated. This means some devices may have different coding options that vary based on the specific use and some AFOs and KAFOs may have both covered and non-covered uses.
<i>Replacement</i>	<p>Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health, Services, §110.2 - Repairs, Maintenance, Replacement, and Delivery, C. Replacement</p> <p>Note: Replacement of an orthotic may be considered medically necessary when criteria from the above Medicare reference are met.</p> <ol style="list-style-type: none"> 1. The medical record must support that the patient continues to need the orthotic device and the device continues to be medically necessary¹ and 2. The need for replacement must be due to either loss, theft, or irreparable damage (e.g., a specific incident or accident caused damage, such as fire, flood, etc.) OR irreparable wear (normal wear and tear) and the reasonable useful lifetime (RUL) of the original orthosis is met (RUL = five years unless the LCD/LCA states otherwise).² 	Varies
<i>Repair</i>	LCA: Ankle-Foot/Knee-Ankle-Foot Orthoses – Policy Article (A52457)	L4205, L4210

POLICY GUIDELINES

Medicare Coverage for Ankle-Foot Orthoses and Knee-Ankle-Foot Orthoses

“Ankle-foot orthoses (AFO) and knee-ankle foot orthoses (KAFO) are covered under the Medicare Braces Benefit (Social Security Act §1861(s)(9)). For coverage under this benefit, the orthosis must be a rigid or semi-rigid device, which is used for the purpose of supporting a weak or deformed body member or

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restricting or eliminating motion in a diseased or injured part of the body. Items that are not sufficiently rigid to be capable of providing the necessary immobilization or support to the body part for which it is designed do not meet the statutory definition of the Braces Benefit. Items that do not meet the definition of a brace are statutorily noncovered, no benefit.” (LCA A52457)

BILLING GUIDELINES

General

Certain AFOs and KAFOs may have both covered and non-covered uses. These items must always be coded based on the member’s applicable medical condition. See the associated local coverage article (LCA) for additional billing and coding guidance:

- LCA: Ankle-Foot/Knee-Ankle-Foot Orthoses – Policy Article ([A52457](#))

Appropriate Coding for Prefabricated vs. Custom Fabricated Items

A prefabricated orthosis is an orthotic manufactured in quantity without a specific individual in mind. Off-the-shelf (OTS) and custom-*fitted* (i.e., trimmed, bent, molded [with or without heat], or otherwise modified for use by a specific beneficiary) items are considered “prefabricated” braces. An orthosis which is assembled from prefabricated components is considered prefabricated. (LCA A52457) Items that require measuring, assembling, fitting, or adapting due to a patient’s body size, weight, disability, period of need, or intended use **OR** been assembled using available customized features, modifications or components are considered to be “custom-*fitted*” items. These are **not** considered to be “custom *made*” items under Medicare.

A custom-*fabricated* or “custom *made*” orthosis is an orthotic uniquely made for a specific individual. It starts with basic materials (e.g., plastic, metal, leather, or cloth in the form of sheets, bars, etc.) and requires substantial work such as cutting, bending, molding, sewing, etc. While may also involve the incorporation of some prefabricated components, it requires **more than** trimming, bending, or making other modifications to a substantially prefabricated item. (LCA A52457)

In order to be considered a true “customized” or “custom made” knee orthosis, the item must meet **both** of the following requirements:³⁻⁵

1. Must be uniquely constructed or substantially modified for a specific beneficiary according to the description and orders of a physician (aka, one of a kind, no other individual would be able to use the item) **and**
2. Must be so different from another item used for the same purpose that the two items cannot be grouped together for pricing purposes.

Custom-fabricated additions are appropriate only for custom-fabricated base orthotics and should not be billed with prefabricated base orthotics. (LCA A52457)

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Coding Verification Review

The only products that may be billed using HCPCS codes L2006 and L1906 are those specified in the Product Classification List (PCL) on the Pricing, Data Analysis, and Coding (PDAC) contractor [Product Classification List web site](#). (LCA A52457)

HCPCS Code L2006

As of this policy update, only one (1) product is approved for reporting using HCPCS code L2006 and that is the C-Brace (Otto Bock Healthcare).

HCPCS Code L1906

As of this policy update, over 400 devices are approved to be reported using HCPCS code L1906; however, many of these same devices may also use a different HCPCS code, depending on the specific use. See the PCL website to determine which devices may be approved for this HCPCS code and under which circumstances this code is used.

Limited Coverage

A static/dynamic AFO (HCPCS codes L4396 and L4397) and replacement interface (HCPCS code L4392) are not covered when they are used solely for the prevention or treatment of a heel pressure ulcer because for these indications they are 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). However, these devices may be medically necessary when reported with one of the following diagnoses codes:

- 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

Code L4631 describes a Charcot’s restraint orthotic walker (CROW) orthosis, which is a type of custom fabricated ankle-foot orthosis. Note that HCPCS code L4631 includes all additions including straps and closures – thus, no additional codes may be billed with code L4631. This type of orthotic may be medically necessary when reported with one of the following diagnoses codes:

- 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

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M14.672 Charcot's joint, left ankle and foot

Note that diagnosis (ICD-10) code presence alone does not assure coverage. All Medicare coverage criteria must be met for devices and equipment.

Replacement Items or Components

Some replacement items may be reported with a unique HCPCS codes. Replacement components which do not have a unique HCPCS code must be billed with a "not otherwise specified" code – L2999. If a specific code applies, the unique HCPCS code must be used. In these situations, a "not otherwise classified" (NOC) or "not otherwise specified" HCPCS code must **not** be used.

CPT/HCPCS CODES

Medicare Only	
Prior Authorization Required	
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
No Prior Authorization Required	
Note: Inclusion of a code in this section does not guarantee reimbursement or coverage. The following codes do not require routine review for medical necessity, but they may be subject to audit or benefit denial.	
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 5erlstein 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

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No Prior Authorization Required

Note: Inclusion of a code in this section does not guarantee reimbursement or coverage. The following codes do not require routine review for medical necessity, but they may be subject to audit or benefit denial.

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
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

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No Prior Authorization Required

Note: Inclusion of a code in this section does not guarantee reimbursement or coverage. The following codes do not require routine review for medical necessity, but they may be subject to audit or benefit denial.

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

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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

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No Prior Authorization Required

Note: Inclusion of a code in this section does not guarantee reimbursement or coverage. The following codes do not require routine review for medical necessity, but they may be subject to audit or benefit denial.

L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section
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

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No Prior Authorization Required
 Note: Inclusion of a code in this section does not guarantee reimbursement or coverage. The following codes do not require routine review for medical necessity, but they may be subject to audit or benefit denial.

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
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Not Covered

A4467	Belt, strap, sleeve, garment, or covering, any type
A9283	Foot pressure off loading/supportive device, any type, each
A9285	Inversion/eversion correction device
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

Unlisted
 All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then **prior-authorization is required.**

L2999	Lower extremity orthoses, not otherwise specified
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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 Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

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.

REGULATORY STATUS

Mental Health Parity Statement

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.

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REFERENCES

1. Noridian DMEMAC *Documentation Checklist For Ankle-Foot/Knee-Ankle-Foot Orthoses*; Available at: <https://med.noridianmedicare.com/documents/2230715/26734435/Documentation+Checklist+-+Ankle-Foot+Knee-Ankle-Foot+Orthoses>
2. Noridian DMEMAC web page for *Orthotics*: Available at: <https://med.noridianmedicare.com/web/jddme/dmepos/orthotics>
3. 42 CFR §414.224 - Customized items; Available at: <https://www.govinfo.gov/content/pkg/CFR-2012-title42-vol3/pdf/CFR-2012-title42-vol3-sec414-224.pdf>
4. Medicare Claims Processing Manual, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), §30.3 – Certain Customized Items; Last Updated: 04/19/2013; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf>
5. Medicare Claims Processing Manual, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), §130.4 - Billing for Certain Customized Items; Last Updated: 10/01/2003; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf>