Medicare Medical Policy

Ankle-Foot and Knee-Ankle-Foot Orthotics

MEDICARE MEDICAL POLICY NUMBER: 294

Effective Date: 5/1/2025

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Next Annual Review: 4/2026

INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. 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.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

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

☒ Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Service	Medicare Guidelines	HCPCS Code(s)
Non-Covered Ankle-Foot Orthoses (AFOs) and Knee-Ankle-Foot Orthoses (KAFOs)	• **HCPCS codes A4467, A9283, A9285, L2840, L2850:** LCD: Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686) • **HCPCS code L9900:** Considered a "bundled" service by Medicare. See A52465, as well as the Noridian webpage for *Two New Codes Established for Miscellaneous Supplies*.	A4467, A9283, A9285, L2840, L2850, L9900
AFOs and KAFOs - General	LCD: Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686) *See "Policy Guidelines" below.* See *the "Billing Guidelines" section for information regarding prefabricated (off-the-shelf) or custom-*fitted *items vs. custom-*fabricated *items.* **NOTES:** 1. The LCD L33686 includes both basic coverage criteria **and** additional criteria for custom fabricated orthotics. When a custom fabricated orthotic is requested, **both** sets of criteria **must** be met. 2. An AFO or KAFO solely for recreational, leisure, sport, or hobby activities is considered **not medically necessary**. Criteria from the LCD must be met in order to be considered medically necessary, and in order to meet the	Multiple ***Prefabricated***: L1902, L1906, L1910, L1930, L1932, L1951, L1971, L2035, L2112, L2114, L2116, L2132, L2134, L2136, L4350, L4360, L4361, L4370, L4386, L4387, L4396, L4397, L4398 ***Custom fabricated***: L1900, L1904, L1907, L1920, L1940, L1945, L1950, L1960, L1970, L1980, L1990, L2000, L2005, L2006, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2106, L2108, L2126, L2128, L4631 **Note:** Devices must be coded based on the applicable medical condition being treated. This

	DMEPOS definition, the item must be requested primarily for use inside the home.	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.
Duplicate Requests (Requests for more than one AFO or KAFO for the same limb)	• AFOs/KAFOs can be dispensed only once, per side, each five years. This is known as the DMEPOS reasonable useful lifetime (RUL) rule. • The "Same or Similar" rule states that a member cannot obtain another orthotic device for the same limb within this 5-year period unless the current orthotic is lost, stolen, or irreparably damaged **or** there has been a change in medical condition, resulting in the need for a new device to meet medical needs. • The Noridian "Same or Similar Chart" can be useful in determining if two items are identical or nearly identical. **NOTE:** For replacement of an item due to a change in medical need, see the separate row for "Replacement" below.	Varies
Replacement	Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health, Services, §110.2 – Repairs, Maintenance, Replacement, and Delivery, C. Replacement **Note:** Replacement of an orthotic may be considered **medically necessary** when criteria from the above Medicare reference are met. 1. The medical record must support that the patient continues to need the orthotic device **and t**he device continues to be medically necessary[1] 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	Varies

	years unless the LCD/LCA states otherwise).[2]	
Repair	LCA: Ankle-Foot/Knee-Ankle-Foot Orthoses – Policy Article (A52457)	L4205, L4210

IMPORTANT NOTICE: While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A).* If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. *(Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021)*

POLICY CROSS REFERENCES

None

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

POLICY GUIDELINES

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.

BACKGROUND

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 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)*

C-BRACE ORTHOSIS (L2006)

For the C-Brace device (HCPCS L2006), see the Local Coverage Article (LCA) for *Ankle-Foot/Knee-Ankle-Foot Orthoses – Policy Article* (A52457) states orthotics reported with this code would be treated like other custom fabricated orthoses. It states the clinical documentation must "support the medical necessity of custom fabricated rather than a prefabricated orthosis as described in the Coverage Indications, Limitations, and/or Medical Necessity section of the related LCD."

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

BILLING GUIDELINES AND CODING

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)*

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.

HCPCS CODE L9900

HCPCS code L9900 is never allowed separate reimbursement because Medicare considers this code to be a bundled item or service, no matter what it is used to represent, and even if billed alone. While several LCAs and LCDs specifically call out this code as non-covered when used for specific types of devices, not all possible scenarios where this code may be used are addressed in LCDs or LCAs; however, the Noridian webpage for *Two New Codes Established for Miscellaneous Supplies* provides general non-coverage information, for any use not found in an LCD or LCA.

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
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.

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 7erlstein type), custom fabricated
	L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment
	L1932	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
	L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf
	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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
	L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf
	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, with or without dorsiflexion assist, 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 code list above 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. According to Medicare, "presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare." The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. *(Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician's Fee Schedule, A. Physician's Services)*
- 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. 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
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POLICY REVISION HISTORY

DATE	REVISION SUMMARY
6/2022	Annual review, no changes (converted to new format 2/2023)
5/2023	Annual review
7/2024	Annual review. Add criteria for same/similar requests and for orthotics requested for recreational purposes
4/2025	Q2 2025 code updates
5/2025	Annual review