

References: L33686, A52457

Ankle-Foot/Knee-Ankle-Foot Orthoses (AFO/KAFO)

- Dispensing Order, if applicable
- Detailed Written Order (DWO)
- Beneficiary Authorization
- Proof of Delivery (POD)
 - Method 1 - Direct Delivery to the Beneficiary by the Supplier
The date the beneficiary/designee signs for the orthosis is to be the date of service of the claim.
 - Method 2 - Delivery via Shipping or Delivery Service
The shipping date is to be the date of service of the claim.
 - Method 3 - Delivery to Nursing Facility on Behalf of a Beneficiary
- Continued Need
- Continued Use

Medical Records

AFOs NOT USED DURING AMBULATION

Static AFO (L4396, L4397)

- Medical records document criteria 1 – 4 or criterion 5.
 - 1. Beneficiary has plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10 degrees measured with a goniometer; **and**
 - 2. There is 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. AFO is used as a component of a therapy program which includes active stretching of involved muscles and/or tendons carried out by professional staff (in a nursing facility) or caregiver (at home); **or**
 - 5. Beneficiary has plantar fasciitis.

AFOs and KAFOs USED DURING AMBULATION

Prefabricated Orthoses (L1902, L1906, L1910, L1930, L1932, L1951, L1971, L2035, L2112-L2116, L2132-L2136, L4350, L4360, L4361, L4370, L4386, L4387 and L4396-L4398)

- Medical records document the basic coverage criteria:
 - Beneficiary is ambulatory; **and**
 - Has a weakness or deformity of the foot and ankle; **and**
 - Requires stabilization of the foot and ankle for medical reasons; **and**
 - Has the potential to benefit functionally from the use of an AFO.

Custom Fitted Orthoses (L1910, L1930, L1932, L1951, L1971, L2035, L2112-L2116, L2132-L2136, L4360, L4386, L4396)

- Medical records document the basic coverage criteria are met; **and**
- The orthosis requires substantial modification for fitting at the time of delivery in order to provide an individualized fit.
 - Item must be trimmed, bent, molded (with or without heat), or otherwise modified resulting in alterations beyond minimal self-adjustment; **and**
- This fitting at delivery requires expertise of a certified orthotist or an individual who has equivalent specialized training in the provision of orthotics to fit the item to the individual beneficiary.
- Documentation must be sufficiently detailed to include, but is not limited to, a detailed description of the modifications necessary at the time of fitting the orthosis to the beneficiary.

Custom Fabricated Orthoses (L1900, L1904, L1907, L1920, L1940-L1950, L1960, L1970, L1980-L2034, L2036-L2038, L2106-L2108, L2126-L2128, L4631)

- Medical records document
 - Basic coverage criteria are met; **and**
 - Beneficiary could not be fit with a prefabricated AFO; **or**
 - Condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); **or**
 - There is a need to control the knee, ankle or foot in more than one plane; **or**
 - Beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; **or**
 - Beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.
- Treating physician's documentation provides detailed information to support the medical necessity of custom fabricated rather than a prefabricated orthosis.
- Physician's documentation will be corroborated by the functional evaluation in the orthotist or prosthetist's record.

Knee-ankle-foot Orthoses (L2000 – L2038, L2126 – L2136 and L4370)

- Medical records document the basic coverage criteria are met; **and**
- Additional knee stability is required.

Replacement of a Complete Orthosis or Component of an Orthosis

- Replacement is required due to loss, a significant change in the beneficiary's condition, or irreparable accidental damage.
- Beneficiary's medical record supports the device is still medically necessary.
- Supplier's records document the reason for the replacement.

Quantities above the Usual Maximum Amounts

- Medical record clearly explains the medical necessity for the excess quantities.
- Medical rationale for the excess quantities is included on the claim.

Replacement Interface for Static AFO (L4392)

- Medical record supports that the beneficiary continues to meet indications and other coverage rules for a static AFO (L4396).

Labor (L4205)

- Labor component billed for repairs in increments of 15 minutes.
- Claim includes an explanation of what is being repaired.

Repair or Replace Minor Parts (L4210)

- Claim includes a description of each item that is being repaired.

Concentric Adjustable Torsion Style Mechanisms (L2999)

- Used to assist knee joint extension.
- Beneficiary requires knee extension assist in the absence of any co-existing joint contracture.
- Used to assist ankle joint plantarflexion or dorsiflexion.
- Beneficiary requires ankle plantar or dorsiflexion assist in the absence of any co-existing joint contracture.

Billing Reminders

- When providing AFO/KAFO, suppliers must:
 - Provide the product that is specified by the ordering physician.
 - Confirm that the medical records justify the need for the type of product (i.e., prefabricated versus custom fabricated).
 - Only bill for the HCPCS code that accurately reflects both the type of orthosis and the appropriate level of fitting.
 - Have detailed documentation in your records that justifies the code selected.
- An order is not necessary for the repair of an orthosis.
- Claims for codes L4392, L4396, L4397, and L4631 must include the appropriate ICD code.
- Claims billed with code L2999 must include all of the following information:
 - Manufacturer's name;
 - Product name, model name and model number;
 - For custom fabricated items, narrative description of the item:

- Complete and clear description of the item.
- What makes this item unique.
- Breakdown of charges.
 - Material and labor used in fabrication.
- Justification of beneficiary's medical necessity for the item.
- Replacement components billed with miscellaneous code L2999 must also include a HCPCS code or narrative description of the base orthosis.
- Use the RT and/or LT modifiers with orthosis base codes, additions, and replacement parts.
- When the same code is used for bilateral items provided on the same date of service, bill both items on the same claim line using the modifiers RTLTL and 2 units of service.
- All codes for orthoses or repairs of orthoses billed with the same date of service must be submitted on the same claim.
- The KX modifier must be added to the AFO/KAFO base and add-on codes only if all the coverage criteria noted above have been met.
- When there is an expectation of a medical necessity denial the GA modifier must be added to the code if a valid Advance Beneficiary Notice (ABN) has been obtained or a GZ modifier if a valid ABN has not been obtained.
- Claims for AFOs/KAFOs should not be submitted if:
 - Orthosis is provided to a beneficiary prior to an inpatient hospital admission or Part A covered SNF stay; **and**
 - Medical necessity for the orthosis begins during the hospital or SNF stay; **or**
 - Orthosis is provided to a beneficiary prior to an inpatient hospital admission or Part A covered SNF; **or**
 - Beneficiary uses the item for medically necessary inpatient treatment or rehabilitation.

[Print Form](#)

The content of this document was prepared as an education tool and is not intended to grant rights or impose obligations. Use of this document is not intended to take the place of either written law or regulations. Suppliers are reminded to review the Local Coverage Determination and Policy Article for specific documentation guidelines.

[Go Back to Front Page](#)