

**Policy References:** [Local Coverage Determination Ankle-Foot/Knee-Ankle-Foot Orthoses \(L33686\)](#) and [Policy Article \(A52457\)](#)

**Documentation References:** [Standard Documentation Requirements Policy Article \(PA\) A55426](#)

The supplier must be able to provide all of these items on request:

- [Standard Written Order \(SWO\)](#)
- [Proof of Delivery \(POD\)](#)
- [Continued Need](#)
- [Continued Use](#)
- Medical records from treating practitioner as noted below

**Medical Records should contain:**

**AFOs not used during ambulation Static AFO (L4396, L4397)**

- Documentation of 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

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**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 noted above 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 six 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.