Dear Physician,

Medicare provides reimbursement for ankle-foot orthoses (AFOs) and knee-ankle-foot orthoses (KAFOs) when coverage criteria are met. The following information is intended to provide you with summary guidance on Medicare's coverage and documentation requirements for these orthoses.

Coverage

Ankle-foot orthoses and KAFOs 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; and,
- be 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.

Required Prior Authorization and Required Face-to-Face Encounter and Written Order Prior to Delivery Lists

Some orthosis HCPCS codes are included in the Centers for Medicare & Medicaid Services' (CMS') Required Prior Authorization List and/or CMS' Required Face-to-Face Encounter and Written Order Prior to Delivery List. Items selected by CMS for inclusion in these lists are subject to additional requirements, as conditions of payment. For detailed information on prior authorization requirements, see the Durable Medical Equipment Medicare Administrative Contractor (DME MAC) webpage dedicated to prior authorization (https://www.cgsmedicare.com/jb/pa/index.html). For detailed information on face-to-face and written order prior to delivery requirements, see CMS' Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Order and Face-to-Face Encounter Requirements webpage (https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/FacetoFaceEncounterRequirementforCertainDurableMedicalEquipment).

Probationary Prior Authorization

Some orthosis HCPCS codes are included in CMS' Probationary Prior Authorization (PPA). PPA applies to newly enrolled suppliers and suppliers undergoing a 100 percent change in ownership. Items selected by CMS for inclusion in PPA are subject to additional requirements, as conditions of payment. For detailed information on PPA requirements, see the DME MAC webpage dedicated to prior authorization (https://www.cgsmedicare.com/jb/pa/index.html).

Medical Necessity Documentation

CMS requires that the orthosis be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. Information to support the medical necessity of the orthosis will come from your and other qualified healthcare practitioners' documentation. In order for the orthosis to be covered for your patient, the coverage criteria must be met. A summary of the coverage criteria for certain orthoses is provided below.

AFOs Not Used During Ambulation:

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An L4396 or L4397 (static or dynamic positioning AFO) is covered if either all of criteria 1 - 4 or criterion 5 is met:

1. Plantar flexion contracture of the ankle (refer to the Group 1 Codes in the ICD-10 code list in the Local Coverage Determination (LCD) related Policy Article for applicable diagnoses) with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture); and,
2. 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. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons.
5. The beneficiary has plantar fasciitis (refer to the Group 1 Codes in the ICD-10 code list in the LCD-related Policy Article for applicable diagnoses).

AFOs and KAFOs Used During Ambulation:

Ankle-foot orthoses described by codes L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1933, L1940, L1945, L1950, L1951, L1952, L1960, L1970, L1971, L1972, L1980, L1990, L2106, L2108, L2112, L2114, L2116, L4350,
L4360, L4361, L4386, L4387 and L4631 are covered for ambulatory beneficiaries with weakness or deformity of the foot and ankle, who:

1. Require stabilization for medical reasons, and,
2. Have the potential to benefit functionally.

Knee-ankle-foot orthoses described by codes L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2126, L2128, L2132, L2134, L2136, and L4370 are covered for ambulatory beneficiaries for whom an AFO is covered and for whom additional knee stability is required.

Custom Fabricated AFOs and KAFOs (HCPCS Codes L1900, L1904, L1907, L1920, L1940, L1945, L1950, L1960, L1970, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2106, L2108, L2126, L2128, L4631):

Ankle-foot orthoses and KAFOs that are custom-fabricated are covered for ambulatory beneficiaries when the basic coverage criteria and one of the following criteria are met:

1. The beneficiary could not be fit with a prefabricated AFO; or,
2. The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); or,
3. There is a need to control the knee, ankle or foot in more than one plane; or,
4. The beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating to prevent tissue injury; or,
5. The beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

This letter includes a brief summary of the Ankle-Foot/Knee-Ankle-Foot Orthosis LCD (L33686) and LCD-related Policy Article (A52457) requirements, as well as notation that some items are included in the Required Prior Authorization List, the Required Face-to-Face Encounter and Written Order Prior to Delivery List, and/or PPA. This letter is not intended to take the place of written laws, regulations, national coverage determinations (NCDs), or LCDs. Please refer to the complete Ankle-Foot/Knee-Ankle-Foot Orthosis LCD (L33686) and LCD-related Policy Articles (A52457 and A55426) located in the Medicare Coverage Database at https://www.cms.gov/medicare-coverage-database. We encourage you to review the entirety of the resources mentioned in this letter, for more information on coverage, coding, and documentation requirements.

Sincerely,

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