

**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

<input type="checkbox"/> Same / Similar
<input type="checkbox"/> Surgery Related
Hospital PO# _____

## 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)

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- 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.