AFO and KAFO Workshops Questions and Answers - Noridian

for AFO video

Ankle-Foot Orthosis/Knee-Ankle-Foot Orthosis (AFO/KAFO) Workshops Questions and Answers

Q: Are any AFOs covered for pressure ulcer relief?
A: An AFO will be denied as noncovered when used solely for the prevention or treatment of a pressure ulcer. For these indications, the item is 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.

Q: Is there a minimum requirement for ambulation for an AFO? Example, medical record states beneficiary is working with a physical therapist (PT) to increase ambulation and is walking ten feet per day. This will also assist with transfers.
A: There is not a minimum distance referenced in the Local Coverage Determination (LCD)/Policy Article (PA), but the medical record must include a plan to move to an ambulatory status for beneficiaries that are not ambulatory.

Q: What documentation do you require, custom versus pre-fabricated, or do we need to show documentation to prove that pre-fabricated is appropriate for this beneficiary?
A: For custom fabricated orthoses, there must be detailed documentation in the treating physician's records to support the medical necessity of custom fabricated rather than a prefabricated orthosis. This information will be corroborated by the functional evaluation in the orthotist or prosthetist's records.

Q: Do AFOs and KAFOs fall into the same/similar category? For instance, I have a beneficiary who received an AFO (prefab) a little over one year ago. She now requires a custom KAFO due to increased weakness. Would an Advance Beneficiary Notice of Noncoverage (ABN) be needed in this case?
A: If there is medical documentation to support the need for the new KAFO because of the change in the beneficiary's condition, it can be considered for payment. The medical records must substantiate the need and be available upon request. You can execute an ABN, however you must be specific in the reason you expect Medicare to deny payment in order to shift liability to the beneficiary.

Q: We recently had a Complex Medical Review for a L4360 denied because the product was given prior to the surgery. Is this now the standard practice to deny these?
A: Medical need for the L4360 must be met prior to ordering and dispensing the item. Thus, if the AFO was received prior to surgery and the medical need was not met it would be correct

to deny.

Q: If a beneficiary expires before the AFO can be delivered is there a way to bill for that item?
A: Yes, you will need to have the detailed records of the date the order was placed as well as the initial medical necessity for the item if it was custom fabricated and cannot be resold. The date of service (DOS) will be the date of death of the beneficiary. Please refer to Internet Only Manual (IOM) 100-2, Chapter 15, Section 20.3 for additional clarification.

Q: What does custom fitted mean and who is qualified to custom fit an orthosis?
A: Custom fitted - Prefabricated item that requires substantial modification e.g., has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific beneficiary by a certified orthotist or an individual with equivalent expertise (i.e., physician, treating practitioner, physical therapist or occupational therapist.)

Q: What is the reasonable useful lifetime (RUL) for AFOs and KAFOs?
A: Unless otherwise specified in the individual LCD or Policy Article, the RUL for all DMEPOS is five years.

Q: For a replacement AFO, when is the RA modifier required and should it be added to all additions/components, including an addition that was not on the prior AFO but is now needed because of a change in condition?
A: The RA modifier is required when billing for a replacement due to loss, theft or irreparable damage and should be included on all additions being billed that were also on the previous AFO. An addition that was not on the prior AFO would not require the RA modifier. Indicate in the narrative the reason for replacement and any change in condition.

Q: What if I am the supplier and the physician, do I need to write myself a detailed written order?
A: If you fulfill all the elements required on an order within the medical records, where the physician (prescriber) and the supplier are the same, then those medical records can be considered as the detailed written order. All the elements should be clearly documented on what the physician is ordering. Physicians are encouraged to document a separate detailed written order to ensure the required elements are documented.

Q: We know sock codes, are not covered when used in conjunction with a brace. Do we need to have an ABN signed and which modifier would be used?
A: Socks (L2840, L2850) used in conjunction with orthoses are denied as noncovered (no benefit category). In this case, the GY modifier would be used.

Q: If a beneficiary had to come in for a follow-up visit for a custom-fitted device, wouldn't that prove that it needed to be fit by an orthotist (i.e. expert) and the beneficiary couldn't have performed the adjustments themselves?
A: The modifications that characterize a brace as either off-the-shelf (OTS) or custom fitted must be performed at the time of delivery. Substantial modifications performed after delivery would not change the coding of an orthosis from OTS to custom fitted.

Q: Do we need medical records when dispensing pre-fabricated orthoses?
A: Yes. Suppliers must have access to the medical records for all DMEPOS items they dispense in the event of a claim review.

Q: Is a new order required for repairs to an AFO?
A: Repairs to a Medicare-covered device are covered under the original order, therefore, a new order would not be necessary. However, supplier documentation of the need for the repair as well as continued medical need documentation from the physician within 12 months prior to the DOS billed on the repair claim would also be necessary.

Q: Do codes in the AFO/KAFO policy require the KX modifier?
A: For services performed on or after December 1, 2009, suppliers must add a KX modifier to the AFO/KAFO base and addition codes only if all of the coverage criteria in the "Indications and Limitations of Coverage and or Medical Necessity" section of the policy have been met and evidence of such is retained in the supplier's files and available upon request.

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