

References: L11459, A23846 (prior to 10/01/2015); L33790, A52500 (on/after 10/01/2015)

All Thoracic Lumbar Sacral Orthoses (TLSOs) and Lumbar Sacral Orthoses (LSOs)

- ☐ 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

Prefabricated Orthoses (L0450, L0455, L0457, L0458, L0462, L0464, L0467, L0469, L0470, L0472, L0488, L0490, L0491, L0492, L0621, L0623, L0625, L0628, L0635, L0641, L0642, L0643, L0648, L0649, L0650, L0651)

- ☐ Medical records document the spinal orthosis was ordered for one of the following indications:
 - ☐ Reduce pain by restricting mobility of the trunk; **or**
 - ☐ Facilitate healing following an injury to the spine or related soft tissues; **or**
 - ☐ Facilitate healing following a surgical procedure on the spine or related soft tissue; **or**
 - ☐ Support weak spinal muscles and/or a deformed spine.

Custom Fitted Orthoses (L0454, L0456, L0458, L0460, L0462, L0464, L0466, L0468, L0470, L0472, L0488, L0490, L0491, L0492, L0626, L0627, L0630, L0631, L0633, L0635, L0637, L0639)

- ☐ Medical records document the spinal orthosis was ordered for one of the following indications:
 - ☐ Reduce pain by restricting mobility of the trunk; **or**
 - ☐ Facilitate healing following an injury to the spine or related soft tissues; **or**
 - ☐ Facilitate healing following a surgical procedure on the spine or related soft tissue; **or**
 - ☐ Support weak spinal muscles and/or a deformed spine.

- ☐ Orthosis requires substantial modifications 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 (L0452, L0480, L0482, L0484, L0486, L0629, L0632, L0634, L0636, L0638, L0640)

- ☐ Medical records document the spinal orthosis was ordered for one of the following indications:
 - ☐ Reduce pain by restricting mobility of the trunk; **or**
 - ☐ Facilitate healing following an injury to the spine or related soft tissues; **or**
 - ☐ Facilitate healing following a surgical procedure on the spine or related soft tissue; **or**
 - ☐ Support weak spinal muscles and/or a deformed spine.
- ☐ Detailed documentation in the treating physician's records to support the medical necessity of custom fabricated rather than a prefabricated orthosis.
- ☐ This information is corroborated by the functional evaluation in the orthotist or prosthetist's records.
- ☐ Impression of the specific body part was made and this impression was used to make a positive model of the body part; **or**
- ☐ Detailed measurements were taken of the beneficiary's torso and used to modify a positive model to make it conform to the beneficiary's body shape and dimensions; **or**
- ☐ Digital image of the beneficiary's torso was made using CAD-CAM technology which directed the carving of a positive model; **and**
- ☐ Orthosis was then individually fabricated and molded over the positive model of the beneficiary.

Billing Reminders

- When providing a TLSO or LSO, 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
- CG modifier must be added to codes L0450, L0454, L0455, L0621, L0625, or L0628 only if orthosis is made primarily of nonelastic material (e.g., canvas, cotton, nylon) or having a rigid posterior panel.
- The only products that may be billed for prefabricated spinal orthoses and spinal orthoses that are custom fabricated by a manufacturer/central fabrication facility and sent to someone other than the beneficiary are those that are specified in the Product Classification List on the PDAC contractor web site.

- Claims for spinal orthoses 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 during an inpatient hospital or Part A covered SNF stay prior to the day of discharge; **and**
 - Beneficiary uses the item for medically necessary inpatient treatment or rehabilitation.
- Payment for a spinal orthosis delivered to a beneficiary in a hospital or Part A covered SNF stay and billed with the discharge date is eligible for coverage by the DME MAC if the orthosis is:
 - Medically necessary for a beneficiary after discharge from a hospital or Part A covered SNF; **and**
 - Provided to the beneficiary within two days prior to discharge to home; **and**
 - Not needed for inpatient treatment or rehabilitation, but is left in the room to take home.
- There is no separate billing if CAD-CAM technology is used to fabricate an orthosis.

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)

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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 orthoptist 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 RTLTLT 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.

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References: L33318, A52465

All Knee Orthoses and Accessories

- ☐ 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

Prefabricated Knee orthoses (K0901, K0902, L1810, L1812, L1820, L1830 - L1833, L1836, L1843, L1845, L1847, L1848, L1850)

- ☐ L1810, L1812, or L1820 is covered when medical records support:
 - ☐ Beneficiary is ambulatory; **and**
 - ☐ Has weakness or deformity of the knee; **and**
 - ☐ Requires stabilization
- ☐ L1831 or L1836 is covered when medical records support:
 - ☐ Beneficiary has flexion or extension contractures of the knee with movement on passive range of motion (ROM) testing of at least 10 degrees (see Group 1 Codes section of the LCD)
- ☐ L1830, L1832, or L1833 is covered when medical records support:
 - ☐ Beneficiary had a recent injury to or a surgical procedure on the knee(s) (for L1830 see Group 2 Codes section of the LCD)
- ☐ K0901, K0902, L1832, L1833, L1843, or L1845 is covered when medical records support:
 - ☐ Beneficiary had a recent injury to or a surgical procedure on the knee(s); **or**

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- ☐ Beneficiary is ambulatory; **and**
- ☐ Has knee instability due to a condition specified in the Group 4 Codes section of the LCD
- ☐ Knee instability must be documented by examination of the beneficiary and objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test).
- ☐ L1850 is covered when medical records support:
 - ☐ Beneficiary is ambulatory; **and**
 - ☐ Has knee instability due to genu recurvatum –hyperextended knee (see Group 5 Codes section of the LCD)
 - ☐ Knee instability must be documented by examination of the beneficiary and objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test).

Custom Fabricated Knee Orthoses (L1834, L1840, L1844, L1846, L1860)

- ☐ Custom fabricated orthoses are covered when there is a documented physical characteristic which requires the use of a custom fabricated orthosis instead of a prefabricated orthosis. For example
 - ☐ Deformity of the knee or leg
 - ☐ Size of thigh or calf
 - ☐ Minimal muscle mass upon which to suspend an orthosis
- ☐ L1834 is covered if the following criteria are met:
 - ☐ Beneficiary meets the coverage criteria for the prefabricated orthosis code L1830 (see Group 2 Codes section of the LCD); and
 - ☐ The [general criterion](#) for a custom fabricated orthosis is met
- ☐ L1840 is covered when medical records support:
 - ☐ Beneficiary has instability due to internal ligamentous disruption of the knee (see Group 3 Codes section of the LCD)
- ☐ L1844 or L1846 is covered when medical records support:
 - ☐ Beneficiary meets the coverage criteria for prefabricated orthosis code K0901, K0902, L1843, or L1845 (see Group 4 Codes section of the LCD); **and**
 - ☐ The [general criterion](#) for a custom fabricated orthosis is met
- ☐ L1860 is covered when medical records support
 - ☐ Beneficiary is ambulatory; **and**
 - ☐ Has knee instability due to genu recurvatum – hyperextended knee (see Group 5 Codes section of the LCD); **and**
 - ☐ The [general criterion](#) for a custom fabricated orthosis is met

Miscellaneous

- ☐ Heavy duty knee joints (L2385, L2395) are covered for:
 - ☐ Beneficiaries who weigh more than 300 pounds
- ☐ L2999 is covered when:
 - ☐ Beneficiary requires knee extension assist in the absence of any co-existing joint contracture

Billing Reminders

- The KX modifier must be added to the base code and all addition codes 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 of Noncoverage (ABN) has been obtained or a GZ modifier if a valid ABN has not been obtained.
- Refer to LCD for Reasonable Useful Lifetime (RUL) chart for prefabricated knee orthoses.
- RUL for custom fabricated knee orthoses is three years.
- Claims for L1847 or L1848 will be denied as not reasonable and necessary.
- Claims for devices incorporating concentric adjustable torsion style mechanisms used for the treatment of any joint contracture and coded as L2999 will be denied as incorrect coding.
- When billing L2999, the following must accompany the claim:
 - Manufacturer's name; **and**
 - Product name, model name and model number; **and**
 - Narrative description of the item (for custom fabricated items); **and**
 - Justification of patient's medical necessity for the item; **and**
 - If the item is custom fabricated, a complete and clear description of the item should be entered in the narrative field of an electronic claim.
- When billing L2999 for a replacement component, enter the HCPCS code or manufacturer name and model name/number of the base orthosis on which the component is being placed in the narrative field of the electronic claim.
- Items requiring minimal [self-adjustment](#) are coded as off-the-shelf orthoses.
- Items requiring [substantial modification](#) are coded as custom fitted (L1810, L1832, L1843, L1845, L1847).
- All codes for orthoses or repairs of orthoses billed with the same date of service must be submitted on the same claim.
- Devices that are not rigid or semi-rigid must be coded A4466 and will be denied as non-covered.
- The only products which may be billed using codes K0902 and L1845 are those for which a written coding verification review has been made by the PDAC contractor.
- L2320 and L2330 may only be billed as replacement items.
- All claims for devices that contain a concentric adjustable torsion style mechanism in the knee joint for any condition other than an assistive function to joint extension motion must be coded as E1810.
- RT and/or LT modifiers must be used when billing for orthosis base codes, additions and replacement parts.
- L4205 may only be billed for time involved with the actual repair of an orthosis or for medically necessary adjustments made more than 90 days after delivery.

- L4205 must not be used to bill for time involved with other professional services including:
 - Evaluating the beneficiary
 - Taking measurements, making a cast, making a model, use of CAD/CAM
 - Making modifications to a prefabricated item to fit it to the individual beneficiary
 - Follow-up visits
 - Making adjustments at the time of or within 90 days after delivery
- L4210 must not be used for casting supplies or other materials used in the fitting or fabrication of an orthosis.
- Payment for a knee orthosis delivered to a beneficiary in a hospital or Part A covered SNF stay and billed with the discharge date is eligible for coverage by the DME MAC if the orthosis is:
 - Medically necessary for a beneficiary after discharge from a hospital or Part A covered SNF; **and**
 - Provided to the beneficiary within two days prior to discharge to home; **and**
 - Not needed for inpatient treatment or rehabilitation, but is left in the room to take home.

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