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

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.


- 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.


- 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 RTLT 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.