

LCD and Policy Article Revisions Summary for March 28, 2019

March 29, 2019

Ankle-Foot/Knee-Ankle-Foot Orthosis

LCD

Revision Effective Date: 01/01/2019

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY:

Removed: Statement to refer to diagnosis code section below

Added: Refer to Covered ICD-10 Codes in the LCD-related Policy Article

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY:

Moved: All diagnosis codes to the LCD-related Policy Article diagnosis code section per CMS instruction

ICD-10 CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

Moved: Statement about noncovered diagnosis codes moved to LCD-related Policy Article noncovered diagnosis code section per CMS instruction

PA

Revision Effective Date: 01/01/2019

CODING GUIDELINES:

Clarified: Custom fit requirements

Revised: Coding instructions for prefabricated orthoses without distinction of OTS or custom-fit.

Revised: RT and LT modifier billing instructions (Effective 03/01/2019)

ICD-10 CODES THAT ARE COVERED:

Added: All diagnosis codes formerly listed in the LCD

ICD-10 CODES THAT ARE NOT COVERED:

Added: Notation excluding unlisted diagnosis codes from coverage for specific HCPCS codes. Notation that for all other HCPCS codes, diagnoses are not specified.

03/28/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.