Orthotic Braces Order and Documentation Requirements

An orthosis (brace) is a rigid or semi-rigid device which is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. Medicare, and other insurance providers who follow Medicare guidelines, will cover some braces as indicated below **when qualifying criteria are met and documented in the patient medical record.**

Elastic support garments (A4466) do not meet the statutory definition of a brace and are not covered by Medicare.

Ankle-foot orthoses (AFO) not used during ambulation: A static or dynamic positioning AFO (L4396, L4397) is covered if either all of criteria 1-4 OR criterion 5 is met:

1. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture); and,
2. Reasonable expectation of the ability to correct the contracture; and,
3. Contracture is interfering or expected to interfere significantly with the patient's functional abilities; and,
4. Used as a component of a therapy program that includes active stretching of the involved muscles and/or tendons.
5. The patient has plantar fasciitis

If used for the treatment of a plantar flexion contracture, the pre-treatment passive range of motion must be measured with a goniometer and documented in the medical record. There must be documentation of an appropriate stretching program carried out by professional staff (in a nursing facility) or caregiver (at home).

Ankle-foot orthoses (AFO) used during ambulation, such as an Ankle Gauntlet with or without joints (L1902), and Walking Boot, non-pneumatic (L4387) are covered for ambulatory patients with weakness or deformity of the foot and ankle, who:

1. Require stabilization for medical reasons, and,
2. Have the potential to benefit functionally.

A knee orthosis with joints (L1810, L1812) or **knee orthosis with condylar pads and joints with or without patellar control** (L1820) are covered for ambulatory patients who have weakness or deformity of the knee and require stabilization.

A knee orthosis with a locking knee joint (L1831) or a **rigid knee orthosis** (L1836) is covered for patients with flexion or extension contractures of the knee with movement on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture).

A knee immobilizer without joints (L1830) or **knee orthosis with adjustable knee joints** (L1833) is covered if the patient has had recent injury or a surgical procedure on the knee(s). These are also covered for a patient who is ambulatory and has knee instability due to a condition including, but not limited to:

- Artificial knee joint
- Cerebral Palsy
- Disruption/derangement of knee
- Fracture, lower extremity
- Hemiplegia/paraplegia
- Instability of the knee, chronic
- Multiple sclerosis
- Osteoarthritis
- Rheumatoid arthritis
- Sprain/strain

Knee instability must be documented by examination of the patient and objective description of joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test). ***The orthosis will be denied if only pain or a subjective description of joint instability is documented.***

A spinal orthosis (L0450-L0651) is covered when it is ordered for one of the following indications:

1. To reduce pain by restricting mobility of the trunk; or
2. To facilitate healing following an injury to the spine or related soft tissues; or
3. To facilitate healing following a surgical procedure on the spine or related soft tissue; or
4. To otherwise support weak spinal muscles and/or a deformed spine.

Thank you for making Rice Home Medical part of your healthcare team. Please call 320-235-8434 with questions.