DOCUMENTATION CHECKLIST FOR ANKLE-FOOT/KNEE-ANKLE-FOOT ORTHOSES

Policy References:

- Local Coverage Determination (L33686)
- Policy Article (A52457)

Documentation References:

- Standard Documentation Requirements Policy Article (A55426)

The supplier must be able to provide all of these items on request:

☐ Standard Written Order (SWO)

- ☐ Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- ☐ Order date
- ☐ General description of the item
- ☐ Quantity to be dispensed, if applicable
- ☐ Treating practitioner name or National Provider Identifier (NPI)
- ☐ Treating practitioner's signature

☐ Proof of Delivery (POD)

Method 1—Direct Delivery	Method 2—Delivery via Shipping or Delivery Service	Method 3—Delivery to Nursing Facility
▪ Beneficiary's name ▪ Delivery address ▪ A description of the item(s) being delivered ▪ Quantity delivered ▪ Date delivered ▪ Beneficiary (or designee) signature ***Method 1 is required for custom fit and custom fabricated items**	▪ Beneficiary's name ▪ Delivery address ▪ Delivery service's package identification number, supplier invoice number, or alternative method that links the supplier's delivery documents with the delivery service's records ▪ A description of the item(s) being delivered ▪ Quantity delivered ▪ Date delivered ▪ Evidence of delivery	▪ Documentation demonstrating delivery of the item(s) to the facility by the supplier or delivery entity; and, ▪ Documentation from the nursing facility demonstrating receipt and/or usage of the item(s) by the beneficiary. The quantities delivered and used by the beneficiary must justify the quantity billed.
Date of delivery equals date of service	Shipping date or delivery date equals date of service	Date of delivery equals date of service

☐ Face-to-Face and Written Order Prior to Delivery (WOPD)

- Required for HCPCS codes L1932, L1940, L1951, L1960, L1970, L2005, L0236

Last Updated 2/25/2025

- (CMS Required Face-to-Face Encounter and Written Order Prior to Delivery List)

☐ Prior Authorization - (CMS Required Prior Authorization List)

- Required for HCPCS code L1951 - Effective for DOS on or after August 12, 2024

☐ Beneficiary Authorization

☐ Continued Need

☐ Continued Use

☐ Medical records from treating practitioner as noted below

Educational Resources - Located on left panel of Orthotic web page

Medical records should contain:

AFOs Not Used During Ambulation Static AFO (L4396, L4397)

Documentation of 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)

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 noted above 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 noted above 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 six 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 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 orthotist or prosthetist's record.

Knee-Ankle-Foot Orthoses (L2000-L2038, L2126-L2136, and L4370)

- ☐ Medical records document the basic coverage criteria noted above 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.

Miscellaneous

ICD-10-CM Codes that Support Medical Necessity:

- HCPCS codes L4392, L4396 and L4397 - Group 1 Ankle-Foot/Knee-Ankle-Foot Orthoses Policy Article
- HCPCS code L4631 - Group 2 Ankle-Foot/Knee-Ankle-Foot Orthoses Policy Article

Same or Similar

As same or similar is a top denial for this policy, remember to check for same or similar in the Noridian Medicare Portal, utilizing Option 2 to search for all paid dates of service for a range of HCPCS codes within that policy group. For AFO, that would be L1900-L4631.

If it is believed that the beneficiary has had a same or similar item within the reasonable useful lifetime, be sure to obtain an Advance Beneficiary Notice of Noncoverage.

Modifiers

LT, RT, KX, GA, GZ, EY

Off-the-Shelf or Custom-Fitted Lookup Tool

Refer to the Off-The-Shelf or Custom-Fitted Orthotic Lookup Tool to determine the correct HCPCS code to bill when providing a custom fit code but no custom fitting is completed. This includes adding the policy specific required modifier and the LT or RT modifiers.

Coding Verification Review

The only products which may be billed using the following HCPCS code is one for which a written coding verification review (CVR) has been made by the PDAC contractor and subsequently published on the Product Classification List (PCL):

- L1951 – Effective for DOS on or after December 1, 2024