Ankle Braces and Walkers

Ankle-foot Orthoses (HCPCS codes L1900, L1902-L1990, L2106-L2116, L4350, L4360, L4361, L4386 and L4631) are covered for ambulatory beneficiaries when medical necessity criteria are met.*

The medical record will support the need for the AFO by documenting:

• weakness or deformity of the beneficiary’s foot and ankle,
• medical reasons for stabilization,
• and the beneficiary’s potential to benefit functionally.

Össur Products

L1902  GameDay Ankle Brace
L1906  Rebound Ankle Brace
L1930  AFO Light
L1932  AFO Dynamic
L4350  Air Form Inflatable Stirrup Ankle Brace
L4350  Air Form Stirrup Ankle Brace
L4350  Air Form Universal Inflatable Stirrup Ankle Brace
L4350  Form Fit Foam Ankle Brace
L4350  Form Fit Honeycomb Ankle Brace
L4350  Gel Ankle Brace
L4360  Equalizer Air Walker, Custom-fit
L4361  Equalizer Air Walker, OTS
L4360  Equalizer Pre-Inflated Air Walker, Custom-fit
L4361  Equalizer Pre-Inflated Air Walker, OTS
L4360  Malleable Strut Air Walker, Custom-fit
L4361  Malleable Strut Air Walker, OTS
L4360  Rebound Walker, Custom-fit
L4361  Rebound Walker, OTS
L4386  DH Offloading Walker, Custom-fit
L4387  DH Offloading Walker, OTS
L4386  Equalizer Walker (inc. low top version), Custom-fit
L4387  Equalizer Walker (inc. low top version), OTS

*L a walking boot used solely for treatment of a lower extremity ulcer or pressure reduction must be coded A9283. This is a non-covered benefit under Medicare.

Night Splints

A static or dynamic positioning ankle-foot orthosis (L4396, L4397) may be covered for ICD-9 diagnosis codes 718.47 (Contracture of joint, ankle and foot) or 728.71 (Plantar fascial fibromatosis).*

If code L4396 is covered, Medicare also covers a replacement interface (L4392). Coverage of a replacement interface is limited to a maximum of one (1) per six months.

Össur Products

L4396  Form Fit Night Splint, Custom-fit
L4397  Form Fit Night Splint, OTS
L4392  Form Fit Soft Interface

*Medicare does not reimburse for a foot drop splint/recumbent positioning device (L4398) or replacement interface (L4394).

Modifiers

Use right (RT) and left (LT) modifiers with all Orthoses base codes, additions, and replacement parts.

When billing the identical code for bilateral items (left and right) on the same date of service, enter both items on the same claim line using the RTLT modifiers and 2 units of service.

Add a KX modifier to the AFO/KAFO base and addition codes only if all of the coverage criteria have been met and evidence of such is retained in the supplier’s files and available to the DME MAC upon request.