

MEDICAL POLICY



SUBJECT: ORTHOTICS	EFFECTIVE DATE: 09/16/99
POLICY NUMBER: 1.01.25	REVISED DATE: 06/27/02, 07/24/03, 06/24/04, 06/23/05, 06/22/06, 04/26/07, 04/24/08, 04/23/09, 04/29/10, 04/28/11, 04/26/12, 02/28/13, 04/24/14
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<ul style="list-style-type: none">• <i>If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.</i>• <i>Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.</i>• <i>Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.</i>	

POLICY STATEMENT:

- I. Based upon our criteria and review of the peer-reviewed literature orthotic devices are considered **medically necessary** when prescribed by a qualified provider for therapeutic support, protection, or restoration of an impaired body part or to improve the functioning of an impaired body part. Orthotics are devices which are rigid or semi-rigid. Examples of orthotic devices include:
 - A. braces for leg, arm, neck, back and shoulder;
 - B. corsets for back or for use after special surgical procedures;
 - C. splints for extremities; and
 - D. trusses.
- II. Custom orthotic devices with enhanced features (e.g., contain electronic features for stance control - OttoBock E-MAG Active, OttoBock 17B500 Sensor Walk Electronic knee ankle foot orthosis [KAFO], MYOMO mPower 1000 arm brace) are **not medically necessary** if activities of daily living can be met with standard orthotic devices. If enhanced devices are requested, the specific overall medical condition of the member is considered in order to determine medical necessity. Precise clinical information is required for consideration of coverage when non-standard orthotic devices are requested.

Refer to Corporate Medical Policy #1.01.14 regarding Surgical Stockings.

Refer to Corporate Medical Policy #1.01.18 regarding Prosthetic Devices.

Refer to Corporate Medical Policy #1.01.32 regarding Cranial Orthotics.

Refer to Corporate Medical Policy #1.01.41 regarding Foot Orthotics.

Refer to nationally recognized InterQual standards for Knee Braces.

POLICY GUIDELINES:

- I. Coverage for orthotics is contract dependent unless mandated by federal or state mandates. Please refer to your Customer (Member/Provider) Service Department to determine contract coverage.
- II. Foot orthotics are not addressed in this policy.
- III. Orthotics used solely for sports or work related activities are considered not medically necessary or **ineligible for coverage**, based upon an individual's contract.
- IV. Orthotics containing convenience or luxury features (e.g., combination brace with an ice pack, braces with microprocessor components) where there exists a reasonably feasible and medically appropriate alternative pattern of care which is considered standard is considered **not medically necessary** or **ineligible for coverage**, based upon the subscriber's member contract.
- V. Necessary repairs and maintenance of covered orthotic devices are **eligible for coverage**, unless covered by a manufacturer's warranty or purchase agreement. Adjustments to covered orthotics are **eligible for coverage** if ordered by a physician and necessary due to normal wear, or when required by a change in the patient's condition.

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- VII. Replacement of a medically necessary orthotic may **eligible for coverage** be if:
- A. the patient has experienced a change in his or her physiological condition; or
 - B. required repairs would exceed the cost of a replacement device or the parts that need to be replaced; or
 - C. there has been irreparable change in the device's condition or in a part of the device, due to normal wear and tear.

VIII. Replacement or repair needed due to misuse or neglect is **ineligible for coverage**.

IX. Duplicate orthotics are considered **not medically necessary**; more than one orthotic device per body part used for the same function is considered a matter of convenience for the member.

X. Replacement or repair covered under a homeowner policy or similar insurance is **ineligible for coverage**.

DESCRIPTION:

An orthopedic or orthotic device (collectively called "orthotics") is a rigid or semi-rigid device used to support, restore or protect body function. Orthotics may also redirect, eliminate or restrict motion of an impaired body part.

Both the OttoBock E-MAG Active and The Sensor Walk are electronic knee-ankle-foot orthotics (KAFO). The E-MAG Active contains a gyroscope which monitors the orientation of the user's limb (whether it is at heel off, heel strike, etc.) which helps users achieve a more natural gait, thereby reducing compensatory movements that can lead to degenerative conditions. This KAFO should not be used in patients with spasticity, knee flexion contracture greater than 15° and hip flexor and extensor strength less than grade 3. The Sensor Walk contains a microprocessor to determine the appropriate time to engage and disengage the knee joint restraint mechanism which provides additional stability for patients who have weak or absent quadriceps, or knee instability while ambulating. However patients must be able to exhibit a steppage gait, have hip flexor strength (grade 3), and have enough muscle strength in their torso or pelvis to swing the device forward while walking.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT: 97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes

97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes

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HCPCS: L0112-L0710 Cervical-thoracic-lumbar-sacral orthotic devices (code range)

L0810-L0861 Halo procedure (code range)

L0970-L0984 Additions to spinal orthosis (code range)

L1000-L1520 Orthotic devices, scoliosis procedures (code range)

L1600-L1755, Orthotic devices - lower limb (code range)
L1900-L2861

L3650-L3766, Orthotic devices - upper limb
L3806-L3808,
L3900-L3956

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- L3960-L3995 Shoulder-elbow-wrist-hand orthosis (SEWHO) (code range)
- L4000-L4210 Repairs of orthotic device (code range)
- L4350 Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment
- L4360 Walking boot, pneumatic and/or vacuum with or without joints, with or without interface material prefabricated, includes fitting and adjustment
- L4361 Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
- L4370 Pneumatic full leg splint, prefabricated, includes fitting and adjustment
- L4380 Pneumatic knee splint, prefabricated, includes fitting and adjustment
- L4386 Walking boot, non-pneumatic with or without joints, with or without interface material prefabricated, includes fitting and adjustment
- L4387 Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf
- L4392 Replacement soft interface material, static AFO
- L4394 Replace soft interface material, foot drop splint
- L4396 Static or dynamic ankle-foot orthotic (AFO), including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment
- L4397 Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf
- L4398 Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment
- L4631 Ankle-foot orthotic (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated
- L5969 Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)

ICD9: Several

ICD10: Several

KEY WORDS:

Brace, Orthosis, Orthotic, Splint, OttoBock E-MAG Active KAFO, OttoBock Sensor Walk Electronic KAFO, MYOMO mPower 1000 arm brace.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for Ankle-Foot/Knee-Ankle-Foot Orthosis. Please refer to the following LCD website for Medicare Members: [http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11527&ContrId=137&ver=58&ContrVer=1&CtrctrSelected=137*1&Ctrctr=137&name=NHIC%2c+Corp.+\(16003%2c+DME+MAC\)&s=41&bc=AggAAAIAAAA&](http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11527&ContrId=137&ver=58&ContrVer=1&CtrctrSelected=137*1&Ctrctr=137&name=NHIC%2c+Corp.+(16003%2c+DME+MAC)&s=41&bc=AggAAAIAAAA&)

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There is currently a Local Coverage Determination (LCD) for Spinal Orthoses: TLSO and LSO. Please refer to the following LCD website for Medicare Members: [http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11470&ContrId=137&ver=32&ContrVer=1&CtrctrSelected=137*1&Ctrctr=137&name=NHIC%2c+Corp.+\(16003%2c+DME+MAC\)&s=41&bc=AggAAAIAAAA&](http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11470&ContrId=137&ver=32&ContrVer=1&CtrctrSelected=137*1&Ctrctr=137&name=NHIC%2c+Corp.+(16003%2c+DME+MAC)&s=41&bc=AggAAAIAAAA&)