



Health & Human Services

## Orthotics-AFO/KAFO

Service Authorization Required - Yes

CMN Required: None

### DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: November 2023

### Ankle-Foot (AFO) /Knee-Ankle-Foot (KAFO) Orthosis

#### Indications and limitations of coverage and medical appropriateness:

Coverage allowed if the following conditions are present:

- Contracture of the ankle with reasonable expectation to correct the contracture, **or**
- Contracture is expected to interfere significantly with the members functional abilities, **and/or**
- Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons, **and/or**
- Weakness or deformity of the foot and ankle that require stabilization for medical reasons and have potential to benefit functionally (i.e., foot drop), **and/or**
- KAFO is covered for ambulatory members for whom an AFO is covered and for when additional knee stability is required.

### AFO AND KAFO, CUSTOM

#### Indications and limitations of coverage and medical appropriateness:

Coverage allowed if the following conditions are present:

- Any **one** of the listed conditions for an Ankle-Foot/Knee Ankle Foot Orthosis, **and**
- The member could not be fitted with a prefabricated AFO, **or**
- Condition necessitating the orthosis is expected to be permanent or lasting more than 6 months, **or**
- Documented neurological, circulatory, or orthopedic status that requires a model to prevent tissue injury, **or**
- The member has a healing fracture which lacks normal anatomical integrity, **or**
- There is a need to control the knee, ankle, or foot in more than one plane.



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- For a custom-fabricated orthosis, there **must** be documentation in the supplier's notes to support the medical necessity of that type of device rather than a prefabricated orthosis.
- When requesting code **L2999** a narrative description justifying the medical necessity along with a copy of the manufacturer's invoice is required for manual pricing.
- Socks used in conjunction with an orthosis are covered. Limited to two every six months.

#### Replacement/Repair/Labor:

- Interface is covered if the AFO is allowed. Limited to a maximum of one per six months.
- A new service authorization is required if there is a change in member's condition, irreparable accidental damage, or growth and documentation to support.
- All labor involved in replacing an orthosis is included in the allowance for that component.
- If using a K0739, a required labor invoice that specifies units of labor for each HCPC requiring repair.

#### Documentation Requirements:

- The appropriate right and/or left modifier must be used when requesting an orthosis, additions, or repairs.
- RA/RB modifier is required for repair and/or replacement.
- A prescription from ordering physician/practitioner.
- Physician/practitioner's documentation needs to address medical necessity.
- Physician/practitioner exam within 90 days of the service authorization start date.
- Supplemental documentation from other disciplines may be submitted as additional supporting documentation.
- Documentation needs to clearly address the need of a CUSTOM orthotic or it will be denied.



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#### Non-Covered:

- Static AFO will be denied as not medically necessary, if the contracture is fixed.
- A static AFO is non-covered when used solely for the prevention or treatment of pressure ulcers, or treatment of edema. No exceptions.



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Date Revised	Revisions
January 2017	Reviewed and revised
January 3, 2020	Reviewed. Added to Doc. Requirements bullet #2 RA, bullet #3 practitioner, bullet #4 practitioner and bullet #5 Physician/practitioner exam within 90 days of the service authorization start date.
November 23, 2022	Reviewed and reformatted. Header logo updated with new logo.
November 29, 2023	Reviewed and reformatted. No changes made.