noridian
Healthcare Solutions

# Documentation Checklist
# Ankle-Foot/Knee-Ankle-Foot Orthoses

**References: L33686, A52457**

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

- ☐ Dispensing Order, if applicable
- ☐ Detailed Written Order (DWO)
- ☐ Beneficiary Authorization
- ☐ Proof of Delivery (POD)
  - ☐ Method 1 - Direct Delivery to the Beneficiary by the Supplier
    **The date the beneficiary/designee signs for the orthosis is to be the date of service of the claim.**
  - ☐ Method 2 - Delivery via Shipping or Delivery Service
    **The shipping date is to be the date of service of the claim.**
  - ☐ Method 3 - Delivery to Nursing Facility on Behalf of a Beneficiary
- ☐ Continued Need
- ☐ Continued Use

## Medical Records

### AFOs NOT USED DURING AMBULATION

### Static AFO (L4396, L4397)

- ☐ Medical records document 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 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 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 6 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 over a model 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 orthoptist or prosthetist's record.

**Knee-ankle-foot Orthoses** (L2000 – L2038, L2126 – L2136 and L4370)

- ☐ Medical records document the basic coverage criteria 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.

## Billing Reminders

- When providing AFO/KAFO, suppliers must:
  - Provide the product that is specified by the ordering physician.
  - Confirm that the medical records justify the need for the type of product (i.e., prefabricated versus custom fabricated).
  - Only bill for the HCPCS code that accurately reflects both the type of orthosis and the appropriate level of fitting.
  - Have detailed documentation in your records that justifies the code selected.
- An order is not necessary for the repair of an orthosis.
- Claims for codes L4392, L4396, L4397, and L4631 must include the appropriate ICD code.
- Claims billed with code L2999 must include all of the following information:
  - Manufacturer's name;
  - Product name, model name and model number;
  - For custom fabricated items, narrative description of the item:

        - Complete and clear description of the item.
        - What makes this item unique.
        - Breakdown of charges.
            - Material and labor used in fabrication.
    - Justification of beneficiary's medical necessity for the item.
- Replacement components billed with miscellaneous code L2999 must also include a HCPCS code or narrative description of the base orthosis.
- Use the RT and/or LT modifiers with orthosis base codes, additions, and replacement parts.
- When the same code is used for bilateral items provided on the same date of service, bill both items on the same claim line using the modifiers RTLT and 2 units of service.
- All codes for orthoses or repairs of orthoses billed with the same date of service must be submitted on the same claim.
- The KX modifier must be added to the AFO/KAFO base and add-on codes only if all the coverage criteria noted above have been met.
- When there is an expectation of a medical necessity denial the GA modifier must be added to the code if a valid Advance Beneficiary Notice (ABN) has been obtained or a GZ modifier if a valid ABN has not been obtained.
- Claims for AFOs/KAFOs should not be submitted if:
    - Orthosis is provided to a beneficiary prior to an inpatient hospital admission or Part A covered SNF stay; **and**
    - Medical necessity for the orthosis begins during the hospital or SNF stay; **or**
    - Orthosis is provided to a beneficiary prior to an inpatient hospital admission or Part A covered SNF; **or**
    - Beneficiary uses the item for medically necessary inpatient treatment or rehabilitation.

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