

MEDICAL POLICY

POLICY TITLE	ANKLE-FOOT AND KNEE-ANKLE-FOOT ORTHOSES
POLICY NUMBER	MP 6.062

CLINICAL BENEFIT	☐ MINIMIZE SAFETY RISK OR CONCERN. ☒ MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. ☐ ASSURE APPROPRIATE LEVEL OF CARE. ☐ ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. ☒ ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. ☐ ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective date:	10/1/2026

POLICY

Ankle-foot orthoses (AFOs) and knee-ankle-foot orthoses (KAFOs) and associated additions are considered **medically necessary** when the specific medical necessity criteria, listed below for each type are met if a covered benefit:

For non-ambulatory individuals a static or dynamic positioning ankle-foot orthosis (L4396 or L4397) may be **medically necessary** if either **ALL** of criteria 1-4 **or** criterion 5 is met:

1. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture); **and**
2. Reasonable expectation of the ability to correct the contracture; **and**
3. Contracture is interfering or expected to interfere significantly with the patient's functional abilities; **and**
4. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons.
5. The patient has plantar fasciitis.

If code L4396 or L4397 are **medically necessary**, a replacement interface (L4392) is covered as long as the patient continues to meet indications and other coverage rules for the splint. Coverage of a replacement interface is limited to a maximum of one (1) per six months per lower extremity. Additional interfaces will be denied as **investigational**.

For ambulatory individuals' ankle-foot orthoses described by codes L1900-L1990, L2106-L2116, L4350, L4360, L4361, L4386, L4387 and L4631 **or** knee-ankle-foot orthoses (KAFO) described by codes L2000-L2005, L2010-L2038, L2126-L2136, and L4370 may be **medically necessary** with patients with:

1. Weakness or deformity of the foot and ankle or foot, ankle and knee, who require stabilization for medical reasons; **and**
2. Have the potential to benefit functionally.

Ankle-foot orthoses and knee-ankle-foot orthoses that are custom-fabricated are **medically necessary** for ambulatory patients when the basic coverage criteria listed above and ONE of the following criteria are met:

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1. The patient could not be fit with a prefabricated ankle-foot orthosis, **or**
2. The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than six months), **or**
3. There is a need (not prophylactic) to control the knee, ankle or foot in more than one plane, **or**
4. The patient has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury, **or**
5. The patient has a healing fracture, which lacks normal anatomical integrity or anthropometric proportions.

If a custom fabricated orthosis is provided but basic coverage criteria above **and** the additional criteria (number 1-5 above) for a custom fabricated orthosis are not met, the custom fabricated orthosis will be denied as **investigational**.

An inversion/eversion correction device (A9285) is denied as **investigational** because it does not act as a brace; that is, it does not support a weak or deformed body member or restrict or eliminate motion in a diseased or injured part of the body. There is insufficient evidence to support a general conclusion regarding the health outcomes or benefits associated with this item.

Concentric adjustable torsion style mechanisms used to assist knee joint extension are coded as L2999 and are covered; and therefore, **medically necessary** for members who require knee extension assist in the absence of any co-existing joint contracture.

Concentric adjustable torsion style mechanisms used to assist ankle joint plantarflexion or dorsiflexion are coded as L2999 and are covered for members who require ankle plantar or dorsiflexion assist in the absence of any co-existing joint contracture.

Additions to an AFO/KAFO are considered **medically necessary** and, therefore, covered, when the AFO/KAFO is considered medically necessary according to the criteria listed in this policy.

Electronic KAFOs (L2006) (e.g., the Sensor Walk Electronic KAFO, C-Brace Orthotronic Mobility System) are considered **experimental and investigational** as there is insufficient evidence to support a general conclusion regarding the health outcomes or benefits associated with this item.

All other uses of ankle-foot and knee-ankle-foot orthoses not described above (for example when worn only during elective activities, such as sports for prevention or reduction of injury) will be denied as **investigational** as there is insufficient evidence to support a general conclusion supporting the health outcomes or benefits associated with this item.

Replacement of a complete orthosis or component of an orthosis due to loss, significant change in the patient's condition, or irreparable accidental damage may be **covered** if the device is still medically necessary. The reason for the replacement must be documented in the supplier's

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record. Replacement components (e.g., soft interfaces) that are provided on a routine basis, without regard to whether the original item is worn out, are denied as **investigational**.

The provider requesting/ordering the DME should be a provider with whom the member has established a relationship and is involved in the ongoing care of the member and the condition for which the DME/orthotic is prescribed.

Cross-Reference:

MP 6.012 Knee Braces

MP 6.028 Foot Orthotics and other Podiatric Appliances

MP 6.039 Mechanical Stretching Devices for Contracture and Joint Stiffness

PRODUCT VARIATIONS

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations. Please see additional information below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: <https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>

DESCRIPTION/BACKGROUND

An orthosis (orthotic), which may also be called a brace or splint, is a rigid or semi-rigid device that supports a weak or deformed body part or restricts or eliminates motion in a diseased or injured part of the body. An orthosis can be either prefabricated or custom-fabricated. An orthosis can also be used to treat plantar fasciitis, which is an inflammation of the broad band of fibrous tissue that runs along the bottom surface of the foot. Caused by excessive stretching, plantar fasciitis often leads to heel pain, heel spurs, and/or arch pain if left untreated.

An ankle-foot orthosis (AFO) extends well above the ankle (usually near the top of the calf) and is fastened around the lower leg above the ankle. AFOs differ from therapeutic shoes and supportive devices for the foot (e.g., shoe inserts, arch supports), which are placed within the shoe and do not extend above the ankle.

A knee-ankle-foot orthosis (KAFO) supports the knee as well as the ankle and foot.

Microprocessor activated mobility devices combine electronic components with specialized orthotic braces to reportedly provide assistance in walking to individuals with back injuries or leg muscle weakness. Examples of microprocessor activated devices include, but may not be limited to, the C-Brace Orthotronic Mobility System or the Sensor Walk Stance Control knee brace.

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DEFINITIONS

N/A

DISCLAIMER

Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as required by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These policies are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

CODING INFORMATION

Note: This list of codes may not be all-inclusive*, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Investigational; therefore, not covered:

HCPSC Code	Description
L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type of activation, with or without ankle joint(s), custom fabricated

Not Medically Necessary; therefore, not covered:

HCPSC Code	Description
A9285	Inversion/eversion correction device

Covered when medically necessary for limited diagnosis:

HCPSC Code	Description
L4392	Replacement, soft interface material, static AFO
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise

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HCPSC Code	Description
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

Diagnosis for L4392, L4396, and L4397

ICD-10-CM Diagnosis Code	Description
M24.571	Contracture, right ankle
M24.572	Contracture, left ankle
M24.574	Contracture, right foot
M24.575	Contracture, left foot
M67.A	Plantar fasciitis
M67.A0	Plantar fasciitis, foot
M67.A01	Plantar fasciitis, right foot
M67.A02	Plantar fasciitis, left foot
M67.A09	Plantar fasciitis, unspecified foot
M72.2	Plantar fascial fibromatosis
M72.20	Plantar fascial fibromatosis, unspecified foot
M72.21	Plantar fascial fibromatosis, right foot
M72.22	Plantar fascial fibromatosis, left foot

Covered when medically necessary:

HCPSC Code	Description
L1900	Ankle-foot orthotic (AFO), spring wire, dorsiflexion assist calf band, custom fabricated
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated
L1910	Ankle-foot orthotic (AFO), posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment
L1920	Ankle-foot orthotic (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated
L1930	Ankle-foot orthotic (AFO), plastic or other material, prefabricated, includes fitting and adjustment

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HCPSC Code	Description
L1932	Ankle-foot orthotic (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf
L1940	Ankle-foot orthotic (AFO), plastic or other material, custom fabricated
L1945	Ankle-foot orthotic (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated
L1950	Ankle-foot orthotic (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated
L1951	Ankle-foot orthosis, spiral, (Institute of rehabilitative Medicine type), plastic or other material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1952	Ankle foot orthosis, spiral, (Institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf
L1960	Ankle-foot orthotic (AFO), posterior solid ankle, plastic, custom fabricated
L1970	Ankle-foot orthotic (AFO), plastic with ankle joint, custom fabricated
L1971	Ankle-foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, includes fitting and adjustment
L1972	Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, off-the shelf
L1980	Ankle-foot orthotic (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthotic), custom fabricated
L1990	Ankle-foot orthotic (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthotic), custom fabricated
L2000	Knee-ankle-foot orthotic (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), custom fabricated
L2005	Knee-ankle-foot orthotic (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type of activation, includes ankle joint, any type, custom fabricated
L2010	Knee-ankle-foot orthotic (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthotic), without knee joint, custom fabricated
L2020	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthotic), custom fabricated
L2030	Knee-ankle-foot orthotic (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthotic), without knee joint, custom fabricated
L2034	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated

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HCPSC Code	Description
L2035	Knee-ankle-foot orthotic (KAFO), full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment
L2036	Knee-ankle-foot orthotic (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated
L2037	Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated
L2038	Knee-ankle-foot orthotic (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated
L2106	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, thermoplastic type casting material, custom fabricated
L2108	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture cast orthotic, custom fabricated
L2112	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture orthotic, soft, prefabricated, includes fitting and adjustment
L2114	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture orthotic, semi-rigid, prefabricated, includes fitting and adjustment
L2116	Ankle-foot orthotic (AFO), fracture orthotic, tibial fracture orthotic, rigid, prefabricated, includes fitting and adjustment
L2126	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, thermoplastic type casting material, custom fabricated
L2128	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, custom fabricated
L2132	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, soft, prefabricated, includes fitting and adjustment
L2134	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, semi-rigid, prefabricated, includes fitting and adjustment
L2136	Knee-ankle-foot orthotic (KAFO), fracture orthotic, femoral fracture cast orthotic, rigid, prefabricated, includes fitting and adjustment
L2180	Addition to lower extremity fracture orthotic, plastic shoe insert with ankle joints
L2182	Addition to lower extremity fracture orthotic, drop lock knee joint
L2184	Addition to lower extremity fracture orthotic, limited motion knee joint
L2186	Addition to lower extremity fracture orthotic, adjustable motion knee joint, Lerman type
L2188	Addition to lower extremity fracture orthotic, quadrilateral brim
L2190	Addition to lower extremity fracture orthotic, waist belt
L2192	Addition to lower extremity fracture orthotic, hip joint, pelvic band, thigh flange, and pelvic belt
L2200	Addition to lower extremity, limited ankle motion, each joint
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint

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HCPSC Code	Description
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment
L2232	Addition to lower extremity orthotic, rocker bottom for total contact ankle-foot orthotic (AFO), for custom fabricated orthotic only
L2240	Addition to lower extremity, round caliper and plate attachment
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)
L2265	Addition to lower extremity, long tongue stirrup
L2270	Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
L2280	Addition to lower extremity, molded inner boot
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable
L2310	Addition to lower extremity, abduction bar, straight
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthotic only
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthotic only
L2335	Addition to lower extremity, anterior swing band
L2340	Addition to lower extremity, pretibial shell, molded to patient model
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)
L2360	Addition to lower extremity, extended steel shank
L2370	Addition to lower extremity, Patten bottom
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint
L2385	Addition to lower extremity, straight knee joint, heavy-duty, each joint
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee-ankle-foot orthotic (KAFO), each joint
L2390	Addition to lower extremity, offset knee joint, each joint
L2395	Addition to lower extremity, offset knee joint, heavy-duty, each joint
L2397	Addition to lower extremity orthotic, suspension sleeve
L2405	Addition to knee joint, drop lock, each
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint

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HCPSC Code	Description
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint
L2492	Addition to knee joint, lift loop for drop lock ring
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim molded to patient model
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim, custom fitted
L2530	Addition to lower extremity, thigh/weight bearing, lacer, non-molded
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar
L2755	Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)
L2768	Orthotic side bar disconnect device, per bar
L2780	Addition to lower extremity orthotic, noncorrosive finish, per bar
L2785	Addition to lower extremity orthosis, drop lock retainer, each
L2795	Addition to lower extremity orthosis, knee control, full kneecap
L2800	Addition to lower extremity orthotic, knee control, kneecap, medial or lateral pull, for use with custom fabricated orthotic only
L2810	Addition to lower extremity orthosis, knee control, condylar pad
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section
L2840	Addition to lower extremity orthotic, tibial length sock, fracture or equal, each
L2850	Addition to lower extremity orthotic, femoral length sock, fracture or equal, each
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each
L2999	Lower extremity orthotic, not otherwise specified

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HCPSC Code	Description
L4002	Replacement strap, any orthotic, includes all components, any length, any type
L4010	Replace trilateral socket brim
L4020	Replace quadrilateral socket brim, molded to patient model
L4030	Replace quadrilateral socket brim, custom fitted
L4040	Replace molded thigh lacer, for custom fabricated orthotic only
L4045	Replace non-molded thigh lacer, for custom fabricated orthotic only
L4050	Replace molded calf lacer, for custom fabricated orthotic only
L4055	Replace non-molded calf lacer, for custom fabricated orthotic only
L4060	Replace high roll cuff
L4070	Replace proximal and distal upright for KAFO
L4080	Replace metal bands KAFO, proximal thigh
L4090	Replace metal bands KAFO-AFO, calf or distal thigh
L4100	Replace leather cuff KAFO, proximal thigh
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh
L4130	Replace pretibial shell
L4205	Repair of orthotic device, labor component, per 15 minutes
L4210	Repair of orthotic device, repair or replace minor parts
L4350	Ankle control orthosis, stirrup style, rigid, includes any type of interface (e.g., pneumatic, gel), prefabricated, off-the-shelf
L4360	Pneumatic walking boot prefab
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
L4386	Walking boot non-pneumatic prefab w/fit & adj
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf
L4631	Ankle-foot orthotic, 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

****The following diagnosis codes as well as diagnosis codes for fractures of the knee, ankle and foot are applicable for reimbursement for Ankle-Foot and Knee-Ankle-Foot Orthoses: (see below)***

ICD-10-CM Diagnosis Code*	Description
A52.16	Charcot's arthropathy (tabetic)
G60.3	Idiopathic Progressive Neuropathy
M12.571	Traumatic arthropathy, right ankle and foot

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M12.572	Traumatic arthropathy, left ankle and foot
M14.661	Charcot's joint, right knee
M14.662	Charcot's joint, left knee
M14.671	Charcot's joint, right ankle and foot
M14.672	Charcot's joint, left ankle and foot
M19.071	Primary osteoarthritis, right ankle and foot
M19.072	Primary osteoarthritis, left ankle and foot
M19.171	Post-traumatic osteoarthritis, right ankle and foot
M19.172	Post-traumatic osteoarthritis, left ankle and foot
M21.371	Foot drop, right foot
M21.372	Foot drop, left foot
M21.541	Acquired clubfoot, right foot
M21.542	Acquired clubfoot, left foot
M24.571	Contracture, right ankle
M24.572	Contracture, left ankle
M24.574	Contracture, right foot
M24.575	Contracture, left foot
M25.271	Flail joint, right ankle and foot
M25.272	Flail joint, left ankle and foot
M25.371	Other instability, right ankle
M25.372	Other instability, left ankle
M62.471	Contracture of muscle, right ankle and foot
M62.472	Contracture of muscle, left ankle and foot
M65.871	Other synovitis and tenosynovitis, right ankle and foot
M65.872	Other synovitis and tenosynovitis, left ankle and foot
M67.01	Short Achilles tendon (acquired), right ankle
M67.02	Short Achilles tendon (acquired), left ankle
M72.2	Plantar fascial fibromatosis
M76.61	Achilles tendinitis, right leg
M76.62	Achilles tendinitis, left leg
M76.71	Peroneal tendinitis, right leg
M76.72	Peroneal tendinitis, left leg
M76.811	Anterior tibial syndrome, right leg
M76.812	Anterior tibial syndrome, left leg
M76.821	Posterior tibial tendinitis, right leg
M76.822	Posterior tibial tendinitis, left leg
Q72.811	Congenital shortening of right lower limb
Q72.812	Congenital shortening of left lower limb

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Q72.813	Congenital shortening of lower limb, bilateral
Q72.892	Other reduction defects of left lower limb
Q72.893	Other reduction defects of lower limb, bilateral
Q74.2	Other congenital malformations of lower limb(s), including pelvic girdle
R26.0	Ataxic gait
S93.401A	Sprain of unspecified ligament of right ankle, initial encounter
S93.401D	Sprain of unspecified ligament of right ankle, subsequent encounter
S93.402A	Sprain of unspecified ligament of left ankle, initial encounter
S93.402D	Sprain of unspecified ligament of left ankle, subsequent encounter
S93.411A	Sprain of calcaneofibular ligament of right ankle, initial encounter
S93.411D	Sprain of calcaneofibular ligament of right ankle, subsequent encounter
S93.412A	Sprain of calcaneofibular ligament of left ankle, initial encounter
S93.412D	Sprain of calcaneofibular ligament of left ankle, subsequent encounter
S93.421A	Sprain of deltoid ligament of right ankle, initial encounter
S93.421D	Sprain of deltoid ligament of right ankle, subsequent encounter
S93.422A	Sprain of deltoid ligament of left ankle, initial encounter
S93.422D	Sprain of deltoid ligament of left ankle, subsequent encounter
S93.431A	Sprain of tibiofibular ligament of right ankle, initial encounter
S93.431D	Sprain of tibiofibular ligament of right ankle, subsequent encounter
S93.432A	Sprain of tibiofibular ligament of left ankle, initial encounter
S93.432D	Sprain of tibiofibular ligament of left ankle, subsequent encounter
S93.491A	Sprain of other ligament of right ankle, initial encounter
S93.491D	Sprain of other ligament of right ankle, subsequent encounter
S93.492A	Sprain of other ligament of left ankle, initial encounter
S93.492D	Sprain of other ligament of left ankle, subsequent encounter
S93.611A	Sprain of tarsal ligament of right foot, initial encounter
S93.611D	Sprain of tarsal ligament of right foot, subsequent encounter
S93.612A	Sprain of tarsal ligament of left foot, initial encounter
S93.612D	Sprain of tarsal ligament of left foot, subsequent encounter
S93.621A	Sprain of tarsometatarsal ligament of right foot, initial encounter
S93.621D	Sprain of tarsometatarsal ligament of right foot, subsequent encounter
S93.622A	Sprain of tarsometatarsal ligament of left foot, initial encounter
S93.622D	Sprain of tarsometatarsal ligament of left foot, subsequent encounter
S93.691A	Other sprain of right foot, initial encounter
S93.691D	Other sprain of right foot, subsequent encounter
S93.692A	Other sprain of left foot, initial encounter
S93.692D	Other sprain of left foot, subsequent encounter

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REFERENCES

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MEDICAL POLICY

POLICY TITLE	ANKLE-FOOT AND KNEE-ANKLE-FOOT ORTHOSES
POLICY NUMBER	MP 6.062

POLICY HISTORY

MP 6.062	08/19/2019 Administrative Update. Coding reviewed no changes. Removed not medically necessary statements related to foot drop splints/recumbent positioning devices.
	04/21/2020 Consensus Review. Policy statements unchanged. References updated.
	04/20/2021 Consensus Review. Cross references and references updated. Deleted L4396 and L4397 from MN coding table. These are listed in the coding table titled "Covered when medically necessary for limited diagnosis."
	06/24/2021 Ad hoc Review. HCPCS code L2006 taken off MP 6.042 and placed into this policy as E/I. Included electronic KAFOs into E/I policy statement. Deleted code L4398. Updated background.
	12/29/2022 Consensus Review. No changes to policy statement. Updated references. Coding reviewed, no changes.
	08/23/2023 Consensus Review. No changes to policy statement. Updated references. Coding reviewed, no changes.
	01/18/2024 Administrative Update. Added clinical benefit.
	10/07/2024 Consensus Review. No changes to policy statement. Updated references. Coding reviewed, no changes.
	03/13/2025 Administrative Update. Added two new MN codes L1933 and L1952, and updated descriptions for L1932, L1951, and L1971, eff 04/01/2025.
	07/22/2025 Consensus Review. No changes to policy statement. Updated references. Coding reviewed, no changes.
	11/24/2025 Administrative Update. Removed Benefit Variations Section and updated Disclaimer.
	09/02/2026 Administrative Update. New code L1972 added, ICD10 added for L4392, L4396, L4397 effective 10/01/2026.

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