

MEDICAL POLICY

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

| | |
|-------------------------|--|
| CLINICAL BENEFIT | <input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input checked="" type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE. |
| Effective Date: | 3/1/2024 |

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I. 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 **not medically necessary**.

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.

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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:

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 **not medically necessary**.

An inversion/eversion correction device (A9285) is denied as **not medically necessary** 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.

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 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 **not medically necessary** as there is insufficient evidence to support a 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

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medically necessary. The reason for the replacement must be documented in the supplier’s 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 **not medically necessary**.

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

II. PRODUCT VARIATIONS

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

III. DESCRIPTION/BACKGROUND

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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 pre-fabricated 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.

IV. DEFINITIONS

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N/A

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V. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VI. DISCLAIMER

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Capital Blue Cross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. CODING INFORMATION

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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:

| HCPCS 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 activation, with or without ankle joint(s), custom fabricated |

Not Medically Necessary; therefore, not covered:

| HCPCS Code | Description |
|------------|--------------------------------------|
| A9285 | Inversion/eversion correction device |

Covered when medically necessary for limited diagnosis:

| HCPCS Code | Description |
|------------|--|
| L4392 | Replacement, soft interface material, static AFO |

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| HCPCS Code | Description |
|-------------------|---|
| 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 |
| 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 |
| M72.2 | Plantar fascial fibromatosis |

Covered when medically necessary:

| HCPCS 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 |
| L1932 | Ankle-foot orthotic (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment |
| 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 |

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| HCPSC Code | Description |
|-------------------|---|
| L1951 | Ankle-foot orthotic (AFO), spiral, (Institute of rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment |
| 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 orthotic (AFO), plastic or other material with ankle joint, prefabricated, includes fitting and adjustment |
| 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 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 |
| 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 |

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| HCPSC Code | Description |
|-------------------|--|
| 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 |
| 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 |

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| HCPCS Code | Description |
|-------------------|--|
| 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, nonmolded 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 |
| 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, nonmolded |
| L2540 | Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model |

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| HCPCS Code | Description |
|-------------------|--|
| 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, knee cap, 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 |
| 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 nonmolded thigh lacer, for custom fabricated orthotic only |
| L4050 | Replace molded calf lacer, for custom fabricated orthotic only |
| L4055 | Replace nonmolded 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 |

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| HCPCS Code | Description |
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| 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 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 |
| 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 |

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| 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 |
| 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 |

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|----------|--|
| 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 |

VIII. REFERENCES

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MEDICAL POLICY

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

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IX. POLICY HISTORY

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| MP 6.062 | 08/19/19 Admin 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. |
| | 4/20/2021 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:” |
| | 6/24/2021 Ad hoc review. HCPCS code L2006 taken off of 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. |
| | 8/23/2023 Consensus review. No changes to policy statement. Updated references. Coding reviewed, no changes. |
| | 1/18/2024 Administrative review. Added clinical benefit. |

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