MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	**ORTHOTICS**
Policy Number	**1.01.25**
Category	**Equipment/Supplies**
Effective Date	**09/16/99**
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, 04/2612, 02/28/13, 04/24/14, 04/23/15, 04/28/16, 04/27/17, 04/26/18, 04/25/19**
Product Disclaimer	• *If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.* • *If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.*

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], MyoPro® arm brace [Myomo, Inc]) 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. Detailed 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.

VI. Replacement of a medically necessary orthotic is **eligible for coverage** 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.

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

VIII. 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

IX. 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.

According to the manufacturer's website (Myomo, Inc), the MyoPro® is a Myoelectric Arm Orthosis designed to support a weak or deformed arm. The MyoPro can enable individuals to self-initiate and control movements of a partially paralyzed or weakened arm using their own muscle signals. When the user tries to bend their arm, sensors in the brace detect the weak muscle signal, which activates the motor to move the arm in the desired direction. The user is completely controlling their own arm; the brace amplifies their weak muscle signal to help bend and move their arm. No electrical stimulation or invasive procedures are employed.

CODES

- *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 Codes

Code	Description
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, initial orthotic(s) encounter, each 15 minutes
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremeity(ies), lower extremity (ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

HCPCS Codes

Code	Description
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, L1900-L2861	Orthotic devices - lower limb (code range)
L3470	Heel, Thomas extended to ball
L3650-L3766, L3806-L3808, L3900-L3956	Orthotic devices - upper limb
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, off-the-shelf
L4360	Walking boot, pneumatic and/or vacuum with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, off-the-shelf
L4386	Walking boot, non-pneumatic with or without joints, with or without interface material prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
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, 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
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)

Code	Description
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated (effective 1/1/2019)
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated (effective 1/1/2019)

ICD10 Codes

Code	Description
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: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33686&ver=15&CntrctrSelected=137*1&Cntrctr=137&s=41&DocType=Active&bc=AggAAAIBAAAA&

There is currently a Local Coverage Determination (LCD) for Spinal Orthoses: TLSO and LSO. Please refer to the following LCD website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33790&ContrId=389&ver=15&ContrVer=1&CntrctrSelected=389*1&Cntrctr=389&s=41&DocType=1&bc=AAgAAAQAAAAA&