**WALKING BOOTS**

**Definitions:**

L 4360 (defined by HCPS): “Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment.”

L 4386: “Walking boot non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment.”

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**WALKING BOOTS**

Eligibility-Diagnosis

“For an item to be considered for coverage under the Brace benefit category, it must be a rigid or semi-rigid device which is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.”

“When an AFO or a KAFO for an ambulatory patient and any related addition is used solely for the treatment of edema and/or for the prevention or treatment of a pressure ulcer it will be denied as non-covered. Walking boots used to provide immobilization as treatment for an orthopedic condition or after orthopedic surgery are eligible for coverage under the Brace benefit.”

“When walking boots are used primarily to relieve pressure, especially on the sole of the foot, or are used for patients with foot ulcers, they are non-covered—No Medicare Benefit.”

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**AFO’s: Provider vs Prescriber?**

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**Prescriber**

- Thorough History
- Knowledge of Neuromuscular LE Diseases
- Knowledge of Muscle Function in LE
- Knowledge of Normal and Abnormal Gait
- Ability to perform Gait Analysis
- Ability to perform detailed Biomechanical Exam: Joint ROM, Muscle Testing, Stance evaluation

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**Provider**

- Takes impression cast
- Manufactures or orders AFO from Lab
- Dispenses AFO
- Follow Up Adjustments
**DME - AFO**

**PRESCRIBER**
- Evaluate condition
- Diagnosis
- Prescribe modality with patient specific modifications
- Follow up - monitor progress of pathology
- Recommend further treatment

**PROVIDER**
- Measures, casts, fit DME
- Fabricate or purchase DME
- Dispense, instruct in use
- Follow up for adjustment, modification

**Q:** What diagnosis and code do I use when I bill for a custom AFO?

**A:** Use the diagnosis code which best describes your patient’s condition!!

“For an item to be considered for coverage under the Brace benefit category, it must be a rigid or semi-rigid device which is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. It must provide support and counterforce (i.e., a force in a defined direction of a magnitude at least as great as a rigid or semi-rigid support) on the limb or body part that it is being used to brace. Items that do not meet the definition of a brace are non-covered.”

**Q:** What are the key elements of the diagnosis “package”?

**A:**
1. **Pathology i.e. disease or injury**
   - Tendon Rupture, (non-traumatic)
   - Foot-Ankle 727.68
   - Charcot-Marie-Tooth 356.1
   - CVA 436

2. **Weakness or Deformity**
   - Dropfoot 736.79
   - Hemiplegia 438.20
   - Flatfoot, acquired 734
   - Talipes Equinovarus 754.51

**DOCUMENT OF MEDICAL Necessity for Ankle - Foot Orthoses**

**DIAGNOSIS CODES**
- Adult Acquired Flatfoot 360
- Tendon, Foot 725.80
- Talar, Ankle & Foot 726.80

**DIAGNOSTIC PROCEDURES**
- Transverse Longitudinal, Primary, Ultrasound 774.11

**PROGNOSIS/DURATION OF TREATMENT WITH ANKLE-FOOT ORTHETIC DEVICE**

A custom device pre-fit ankle-foot orthosis has been prescribed based upon the following criteria which are specific to the condition of this patient (check all that apply):
- The patient could not walk with a pre-fitted AFO
- The condition necessitating the orthosis is expected to be permanent or of long-lasting duration
- There is need to control the ankle or foot deformity
- The patient has documented neurological, orthopaedic, or orthopaedic condition that requires custom AFO device or model to prevent tissue injury
- The patient has a healing fracture which lacks normal anatomic integrity or anthropometric projection

The ankle-foot orthosis described above is a rigid or semi-rigid device which is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. It is designed to provide support and counterforce on the limb or body part that it is being fitted.
REPLACEMENT OF DME

The Health Care Financing Administration has established that the reasonable useful lifetime of durable medical equipment (DME) is five (5) years. Computation is based on when the item is delivered to the beneficiary, not the age of the item.

Payment for replacement DME, prostheses or orthoses is considered under the following circumstances:

- Damaged or worn
- Medical condition has changed
- Lost or stolen
- Item has been used by the patient for the equipment’s useful lifetime.

It is not necessary to send documentation with the claim. Documentation can be kept in the patient’s chart should it be needed in the future.

Q: Patient was casted for AFO, but now refuses the brace, how do I get paid?

If you billed the brace and the patient took the brace, (even if they return it later) bill as you normally would.

If the patient never comes to pick up the brace, then attach the invoice from the laboratory and bill the insurance company for the “Cost” of the brace. Attach documentation indicating the patient never returned for the custom item.

Q: Patient returns before 5 years is up and the brace is worn out, broken, they have had significant weight gain or loss, how do I bill for this brace?

First, bill the brace as you normally would, DME will probably pay for the brace. If they do not, re-submit the claim with the explanation such as, Broken, Significant Wear, Patient lost or gained weight. Those explanations and more, will qualify the patient to have coverage prior to 5 years.

REFURBISHMENT

L4002
(Replacement strap, any orthosis, includes all components, any length, any type) NOT on initial dispensal – must be 90 days or longer after the brace was dispensed.

L2820-RB
(soft interface)

New HCPCS Modifiers for Repair and Replacement
The following two modifiers are being added to the HCPCS on January 1, 2009, and are effective for claims with dates of service on or after January 1, 2009:

RA – Replacement of a DME item
RB - Replacement of a part of DME furnished as part of a repair

Billing Instructions for AFO Repairs

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

www.cignamedicare.com/dmerc/lmrp/AFO.html

Two-Step process for obtaining reimbursement for a DME product with special circumstances. i.e. Patient expires, Patient doesn’t pick it up

1. Prepare claim as usual, in box 19 indicate the date patient expired or date patient notified your office they did not want the brace.
2. Attach the invoice from the lab to your claim and submit to the DME Carrier for reimbursement.
Without the inclusion of a **KX** modifier, the DME MACs will assume medical criteria have not been met and automatically deny the claim as not medically necessary.

It is important to note that by including the **KX** modifier, you are attesting that the criteria have been met and that appropriate documentation to support medical necessity is in your files.

**UNIQUE FEATURES OF THE RICHIE BRACE**

- Lightweight, low-profile with minimal change in shoe fit
- Functional design to restore mobility and return to activity
- Custom balanced orthotic foot plate according to podiatric principles
- Anatomic location of ankle hinge placement
- Limb Uprights with recessed slots for Velcro Straps
- Replaceable Velcro Straps and Limb Upright Pads
- Single Strap Adjustment for Application and Removal of Brace
- 3 Color Options
- Patented Medial and Lateral Arch Suspender Straps
- 8 Custom Models and 2 Pre-Fabricated Models

**RICHIE BRACE® STANDARD**

- **L1970** AFO, molded to patient model with Ankle joint  
  $602.00 - $805.00
- **L2820** Soft Interface  
  $73.00 - $98.00

**RICHIE OTC DYNAMIC ASSIST BRACE®**

- **L1971** Pre-lab AFO  
  $444.00 - $499.00
- **L2910** Tamarac dorsi-assist ankle joints (priced ea)  
  2 hinges per brace  
  $56.00 - $75.00
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  $73.00 - $98.00
RICHIE OTC DYNAMIC ASSIST BRACE®

L1971: Pre-lab AFO
$444.00 - $489.00
L2210: Tamarac dorsi-assist ankle joints (priced ea) 2 hinges per brace
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BILLING CODES:
- L1940: AFO, Plastic or other material, custom-fabricated
  *Floor: $418.70, Ceiling: $558.27
- L2230: Addition to lower extremity, lace molded to patient model, for custom fabricated orthosis only
  *Floor: $332.44, Ceiling: $443.25
- L2275: Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
  *Floor: $106.19, Ceiling: $141.38
- L2820: Addition to lower extremity orthosis, soft interface for molded plastic below knee
  *Floor: $73.32, Ceiling: $98.03

REPLACEMENT OF DME

THE HEALTH CARE FINANCING ADMINISTRATION HAS ESTABLISHED THAT THE REASONABLE USEFUL LIFETIME OF DURABLE MEDICAL EQUIPMENT (DME) IS FIVE (5) YEARS. COMPUTATION IS BASED ON WHEN THE ITEM IS DELIVERED TO THE BENEFICIARY, NOT THE AGE OF THE ITEM.

PAYMENT FOR REPLACEMENT DME, PROSTHESIS OR ORTHOSES IS CONSIDERED UNDER THE FOLLOWING CIRCUMSTANCES:
- DAMAGED OR WORN
- MEDICAL CONDITION HAS CHANGED
- LOST OR STOLEN
- ITEM HAS BEEN USED BY THE PATIENT FOR THE EQUIPMENT'S USEFUL LIFETIME.

IT IS NOT NECESSARY TO SEND DOCUMENTATION WITH THE CLAIM. DOCUMENTATION CAN BE KEPT IN THE PATIENT'S CHART SHOULD IT BE NEEDED IN THE FUTURE.

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KX

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RICHIE OTC DYNAMIC ASSIST BRACE®

L1971 Pre-tab AFO
$414.00 - $455.00

L2910 Tamarac dorsi-assist ankle joints (priced ea) 2 hinges per brace
$56.00 - $75.00

L2820 Soft Interface
$73.00 - $98.00

Clinical Indications for the Richie Brace

General Considerations:

Bracing the Foot and Ankle can have one or more treatment goals:

- Limit motion of a joint
  1. Chronic ankle instability
  2. Degenerative arthritis of ankle or subtalar joint
- Restore motion of a joint i.e. Dropfoot conditions:
  1. Post CVA
  2. Charcot-Marie Tooth
  3. Spina bifida
  4. Common peroneal nerve palsy
  5. Disabling injury
- Decrease load on Soft Tissue Structures
  1. Posterior Tibial Tendon
  2. Peroneal Tendons
  3. Cuscula Ankle Ligaments
- Off load the plantar surface of foot from ground reaction forces and shear forces
  1. Charcot arthropathy
  2. Neuropathic ulceration
  3. Charcot-Marie Tooth
- Improve balance and Proprioception
  1. Prophylactic ankle bracing
  2. Diabetic peripheral neuropathy
  3. Elderly patients with high risk of falls