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## 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."

## 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."

## AFO's: Provider vs Prescriber?

### 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

### Provider

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

## DME - AFO's

### 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”?**

### 1. Pathology i.e. disease or injury

- A:**
- 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 ORTHOSIS

PATIENT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

DIAGNOSIS CODES: \_\_\_\_\_

ADULT ACQUIRED FLATFOOT (PTTD)  Adult Acquired Flatfoot 734  Rupture, Tendon, Ankle & Foot 727.68  
 Pronation, Acquired 736.79

BJD OF ANKLE & REARFOOT  Osteoarthritis, Localized, Primary, Ankle & Foot 715.17  
 Pain, Joint, Ankle & Foot 719.47  Tarsal Coalition 755.87

DROFFOOT  Dropfoot 736.79  Hemiplegia 438.20

LATERAL ANKLE INSTABILITY  Instability of Joint, Ankle & Foot 718.87  Calc-ib Ligament Sprain 854.02

OTHER  \_\_\_\_\_

DESCRIPTION OF ORTHOSIS AND BILLING CODES:  
 The following Ankle-Foot-Orthosis & Component Parts have been dispensed to the above captioned patient on \_\_\_\_\_ (Date)  
 L1970 AFO, plastic, molded to patient model with ankle joints  
 L1940 AFO, plastic, solid shell, molded to patient model  
 L1971 AFO, plastic, with ankle joint, prefabricated  
 L2820 Soft interface, below knee  
 L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined  
 L2210 Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint

PROGNOSIS:  
 DURATION OF TREATMENT WITH ANKLE FOOT ORTHOSIS: \_\_\_\_\_  
 NECESSITY OF ANKLE FOOT ORTHOSIS MOLDED TO PATIENT MODEL:  
 A custom (versus pre-fabricated) 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 be fit with a prefabricated AFO  
 The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months)  
 There is need to control the ankle or foot in more than one plane  
 The patient has documented neurological, circulatory, or orthopedic condition that requires custom fabrication over a model to prevent tissue injury  
 The patient has a healing fracture which lacks normal anatomical integrity or anthropometric proportions

I hereby certify that 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 braced.

(Signature of Prescribing Practitioner) \_\_\_\_\_ (License Number) \_\_\_\_\_ (Date) \_\_\_\_\_

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PATIENT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

DIAGNOSIS CODES: \_\_\_\_\_

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(Signature of Prescribing Practitioner) \_\_\_\_\_ (License Number) \_\_\_\_\_ (Date) \_\_\_\_\_



**RICHIE BRACE AFO RECEIPT**

Name of Practitioner \_\_\_\_\_  
 Address of Practitioner \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
 Patient's Address: \_\_\_\_\_  
 Medicare Number: \_\_\_\_\_  
 Date of Dispensing: \_\_\_\_\_

Doctor \_\_\_\_\_ has dispensed:  
 One Hinged Ankle Custom Ankle Foot Orthosis HCPC Code L1970 for Left / Right (one left or right or both Foot and/ or  
 One at the app)  
 Soft Tissue Paddling Below the Knee: L2820  
 Vank/Alkase Correction: L2270  
 Orthotic Heel Accommodation: L3480  
 Anterior Tibial Shell: L3320

The above item(s) fits well, and is comfortable. I have received written instructions on how to use and care for them from Dr. \_\_\_\_\_ The warranty period is 5 months for hardware components (hardware, plastic and metal components) and 90 days for all soft material (leather, neoprene, velcro or insole support pads). I have read the posted Company Return Policy and have been provided with a copy of the abbreviated 21 Medicare Supplier Standards. I understand that failure to properly care for these items will result in the warranty being void. This could result in my responsibility for future repair or replacement costs if my insurance policy will not cover such costs.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

**HCFA 1500 Claim Form**  
**Durable Medical Equipment**

**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 EQUIPMENTS USEFUL LIFETIME.

IT IS NOT NECESSARY TO SEND DOCUMENTATION WITH THE CLAIM . DOCUMENTATION CAN BE KEPT IN THE PATIENTS 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.**

**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  
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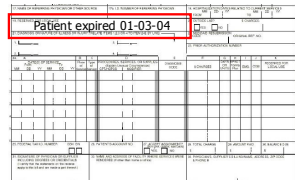
**REFURBISHMENT**

**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](http://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

# KX

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.

## RICHIE BRACE® STANDARD



THE **Richie** BRACE®  
RESTORING MOBILITY

## 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

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L1970 AFO, molded to patient model with Ankle joint  
**\$602.00 - \$805.00**

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## RICHIE OTC DYNAMIC ASSIST BRACE®



L1971 Pre-fab AFO  
**\$414.00 - \$455.00**

L2210 Tamarac dorsi-assist ankle joints (priced ea) 2 hinges per brace  
**\$56.00 - \$75.00**

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## Introducing The Richie OTC Dynamic Assist Brace®

A pre-fabricated ankle foot orthosis to provide dynamic dorsiflexion and eversion of the ankle joint.

For immediate treatment of conditions accompanied by weakness of the muscles, tendons or ligaments around the ankle joint.

- Fixed Dorsiflexion Substrate
- Lateral Ankle Stability
- Full Dynamic Ranges of Ankle Dorsiflexion
- The Heel's Responsivity with Insole Instability
- Internal Flexibility
- Thick Ankle's Reinforcement



Pre-fabricated ankle foot orthosis for immediate control of flexion range of the foot and ankle.



Adjustable, removable ankle support.

Benefits:

- Control of pronation/supination foot and ankle alignment
- Dynamic dorsiflexion up to non-dominant
- Compressive fit over expanding girth
- Lateral stability

THE **Richie** BRACE®  
RESTORING MOBILITY

The Richie Brace® OTC is available in two sizes: Small (Males) or Large (Females).

Size	Men	Women
X-SMALL	4-6	6-8
SMALL	6-10	10-12
MEDIUM	8-11	11-12
LARGE	11-13	13-15
X-LARGE	14+	14+

The Richie Brace® OTC is only available through an authorized distributor.

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## INTRODUCING THE RICHIE GAUNTLETS!

*The most trusted name in functional AFOs is pleased to announce the launch of the Richie Gauntlets® line of products.*

### LEGITIMATE VARUS/VALGUS CONTROL OF THE HIND FOOT.

**CLINICAL INDICATIONS:**

- Right, or non-dominant Ankle Sprain/Luxation
- Drop Foot
- Lower 1/3 of Intensity of Paralysis
- Charcot Arthropathy

**FEATURES:**

- Medial and Lateral Arch Suspender®
- Legitimate Varus/Valgus control of the hind foot
- Heel lift (see definition of Code L2275)
- Heel Suspension Casts Available
- No need for casting board!

■ No weight bearing cast provides better heel and arch control

■ All cast are individually balanced for correct heel-toe varus/valgus deformities

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**CASTING INSTRUCTIONS**

- Cast for the Richie CastAFO using the 315 Millig Cast
- Use single or double layer cast on an AFO

**BILLING CODES:**

- L1940 AFO, Plastic or other material, custom-fabricated
- \*Floor: \$418.70, Ceiling: \$558.27
- L2330 Addition to lower extremity, lacer 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
- \*Varus/Valgus Control, Floor: \$106.19, Ceiling: \$141.58
- L2820 Addition to lower extremity orthosis, soft interface for molded plastic below knee
- \*Floor: \$73.52, Ceiling: \$98.03

\*Always use appropriate HCPCS modifiers for billing purposes.



**FINALLY, A FUNCTIONAL GAUNTLET FROM A NEUTRAL SUSPENSION CAST!**

**FEATURES:**

- Medial Arch Suspender (75)
- Lateral Arch Suspender (75)

**COLORS & SHOE HEIGHTS**

- Available in: Black, Tan, White
- 2 shoe heights: 7" & 9"

**Available Sizes:**

7" Shoe

9" Shoe

**Richie Gauntlet**

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## **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** **Le. Dropfoot conditions:**
  1. Post CVA
  2. Charcot Marie Tooth
  3. Multiple Sclerosis
  4. Common peroneal nerve palsy
  5. Brain injury
- Decrease load on Soft Tissue Structures**
  1. Posterior Tibial Tendon
  2. Peroneal Tendon
  3. Lateral 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

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