



## Replacement and Repair of Richie Brace® Devices

### Introduction

Medicare regulations state that the reasonable useful lifetime (RUL) for an ankle-foot orthosis is 5 years. This means that special circumstances must justify the replacement of either the custom or prefabricated brace in less than 5 years (see below). On the other hand, Medicare stipulates that repair of an ankle-foot orthosis during the 5-year wear period is justified, and certain codes and regulations pertain to this service.

### Repair of the Richie Brace®

The practitioner can bill for replacement of components of the ankle-foot orthosis. While this replacement of component parts is considered a “repair” of the brace, the need for replacement must be documented in the medical record. Also, the fact that the device still medically necessary should also be documented.

In the case of Richie Brace® products, the straps and limb support pads (soft interface pads) will most likely require replacement within the first year of daily use of the brace by the patient. One unique feature of the Richie Brace® devices is the fact that the straps and pads are easily replaced by the practitioner in the office setting, using a “kit” provided by the Richie Brace® distributor company. This kit contains two narrow front Velcro straps, one wider back Velcro strap and two limb support pads. No rivets or glue are required for replacing these component parts and the process for installing the straps and pads is quick and simple.

The billing codes for these replacement parts are the following:

Replacement Straps L 4002 RB Suggested fee: \$40

Soft Interface L 2820 RB Floor \$76 Ceiling \$102

Note: RB modifier is used when billing for replacement parts. Also, only one code per part is used even though there are three straps and two pads.



Any other repair such as replacement of top cover, rivets, ankle joints and posting must be done at the Richie Brace<sup>®</sup> lab facility. In this case, the brace must be returned to the Richie Brace<sup>®</sup> distributor and a fee estimate for the necessary repairs will be provided. Once the repairs are completed, the brace will be returned to the practitioner with a laboratory invoice. The cost of the repairs can be billed to Medicare according to the following schedule:

Laboratory Repair of AFO device : L 4210 ( bill exact amount of invoice)

Unit of Service for Repair: L 4205 (bill for your time to ship/receive brace)

Always add a narrative to the claim documenting the reason for the repair. Also, include in the patient medical record, the justification for making the repair and the time spent on shipping, receiving and dispensing the repaired brace.

### **Replacement of the Richie Brace<sup>®</sup> or other previous AFO device**

Replacement of a complete orthosis due to loss, significant change in the beneficiary's (patient's) condition, or "irreparable accidental damage" is covered by Medicare if the device is still reasonable and necessary. The reason for the replacement must be documented in the supplier's record.

If we look at the language of the Medicare LCD relative to replacement of an ankle foot orthosis, considerable confusion can arise:

#### **Replacement**

Replacement refers to the provision of an identical or nearly identical item. Equipment which the beneficiary owns or is a capped rental item may be replaced in cases of loss or irreparable damage. Irreparable damage refers to a specific accident or to a natural disaster, e.g., fire, flood, etc.

Irreparable wear refers to deterioration sustained from day-to-day usage over time and a specific event cannot be identified. Replacement of equipment due to irreparable wear takes into consideration the reasonable useful lifetime of the equipment. If the equipment has been in continuous use by the patient on either a rental or purchase basis for the equipment's useful lifetime, the beneficiary may elect to obtain a new piece of equipment.

The reasonable useful lifetime of DME is determined through program instructions. In the absence of program instructions, carriers may determine the reasonable useful lifetime of equipment, but in no case can it be less than five years.



Computation of the useful lifetime is based on when the equipment is delivered to the beneficiary, not the age of the equipment. Replacement due to wear is not covered during the reasonable useful lifetime of the equipment. During the reasonable useful lifetime, Medicare does cover repair up to the cost of replacement (but not actual replacement) for medically necessary equipment owned by the beneficiary.

Replacement may be reimbursed when a new physician order and/or new CMN, when required, is needed to reaffirm the medical necessity of the item.

#### Modifiers

RA : Replacement of a DME item, due to loss, irreparable damage or when the item has been stolen (This is used on the first month rental claim for a replacement item. A narrative explaining the reason for the replacement, if prior to the end of the reasonable useful lifetime is reached, is also required on the first month rental claim.)

RB : Replacement of a part of DME as part of a repair

What this language suggests is the following:

1. Medicare will replace an AFO device in less than 5 years of use if the device has been irreparably damaged due to a specific accident, loss of the device or to a natural disaster, e.g., fire, flood, etc. This irreparable damage cannot be due to “wear and tear.” Breakage of any component of a brace can be considered an accident.
2. Medicare will not replace an AFO device after less than 5 years of use if the device has been damaged due to wear and tear. In this case, the device must be repaired, and cannot be replaced until after 5 years of use. If the supplier chooses to replace the device, the beneficiary will not be responsible for the charges.

### **Change in the Patient Medical Condition**

Often, a physician will encounter a new patient who is already wearing an AFO device which is not addressing the medical condition adequately. The patient’s pain, mobility and function are not improving with the current AFO device. Or, a current patient may have a condition which is worsening, despite wearing a prescribed AFO device. In each case, a different design ankle-foot



orthosis would justify replacement of the current device as long as the medical justification is clearly documented in the patient medical record. **The stipulation would be that the patient's medical condition has "substantially changed" which could relate to symptoms, deformity, weakness etc.** Any or all of these factors regarding a change in the medical condition must be documented in the medical record of the patient. The reason for prescribing a new, different AFO device must be cited in the narrative section of the Medicare billing document. An example would be prescribing a Richie Brace® with Medial Arch Suspender to replace a leather ankle gauntlet style AFO device when treatment for PTTD is not successful and the patient weakness, pain and deformity are significantly worsening.

### **Modifiers**

In the case of replacing the **same type** of AFO device due to accident or loss, use modifier RA. When prescribing a **different device** for a change in the medical condition, do not use modifier RA.

### **Disclaimer**

This is not an official Medicare document. There are no guarantees or assurances proposed in this document regarding policies and decisions made by government agencies to reimburse practitioners for any form of durable medical goods services. For references and more detailed information, all prescribers and suppliers of Richie Brace® products are referred to the current DME MAC's for the 4 Medicare Jurisdictions and websites:

Region A: <http://www.medicarenhic.com/dme/index.shtml>

Region B: <http://www.ngsmedicare.com/ngs/portal/ngsmedicare/home>

Region C: <http://www.cgsmedicare.com/jc/>

Region D: <https://www.noridianmedicare.com/>