**Local Coverage Determination (LCD):**

**Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686)**

Coverage Guidance

**Coverage Indications, Limitations, and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) **be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member,** and 3) meet all other applicable Medicare statutory and regulatory requirements. For

the items addressed in this local coverage determination, the criteria for "reasonable and necessary", based on Social Security Act §1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

**An L4396 or L4397 (Static or dynamic positioning ankle-foot orthosis) is covered if either all of criteria 1 - 4 or criterion 5 is met (Also known as Night Splint-Usually only dispensed with Plantar Facial fibromatosis):**

1. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a non-fixed contracture); **and**,
2. Reasonable expectation of the ability to correct the contracture; **and**,
3. Contracture is interfering or expected to interfere significantly with the beneficiary's functional abilities; **and**,
4. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons.

**OR…**

1. The beneficiary has plantar fasciitis

Please note: If an L4396 or L4397 is used for the treatment of a plantar flexion contracture, the pre-treatment passive range of motion must be measured with a goniometer and documented in the medical record. There must be documentation of an appropriate stretching program carried out by professional staff (in a nursing facility) or caregiver (at home).

**ICD-10 Codes that support HCPCS/PROC codes L4392, L4396 and L4397:**

M24.571 Contracture, right ankle

M24.572 Contracture, left ankle

M24.573 Contracture, unspecified ankle

M24.574 Contracture, right foot

M24.575 Contracture, left foot

M24.576 Contracture, unspecified foot

**M72.2 Plantar fascial fibromatosis**

**AFOs AND KAFOs USED DURING AMBULATION:**

Ankle-foot orthoses (AFO) described by codes L1900, L1902-L1990, L2106-L2116, L4350, L4360, L4361, L4386,L4387 and L4631 are covered for ambulatory beneficiaries with weakness or deformity of the foot and ankle,who:

1. Require stabilization for medical reasons, and
2. Have the potential to benefit functionally