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AFO Documentation Requirements for Prefabricated Orthoses-Reminder

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We have come across many DME denials for prefabricated orthoses for insufficient documentation. It is crucial that you document the following:

⇒ The reason the orthoses was dispensed
⇒ How it will benefit the patient
⇒ How the orthoses was fitted (adjusted, trimmed, etc.).

See below for documentation requirements outlined in the **Policy Article-A52457:**

When providing orthoses suppliers must:

⇒ Provide the product that is specified by the treating practitioner
⇒ Be sure that the treating practitioner's medical record justifies the need for the type of product (i.e., prefabricated versus custom fabricated)
⇒ Only bill for the HCPCS code that accurately reflects both the type of orthosis and the appropriate level of fitting
⇒ Have detailed documentation in the supplier's record that justifies the code selected

For prefabricated orthoses (L1902, L1906, L1910, L1930, L1932, L1951, L1971, L2035, L2112, L2114, L2116, L2132, L2134, L2136, L4350, L4360, L4361, L4370, L4386, L4387, L4396, L4397, L4398), there is no physical difference between orthoses coded as custom fitted versus those coded as OTS. The differentiating factor for proper coding (see definitions in CODING GUIDELINES section below) is the need for **"minimal self-adjustment"** at the time of fitting by the beneficiary, caretaker for the beneficiary, or supplier. This minimal self-adjustment does not require the services of a certified orthotist or an individual who has specialized training. Items requiring minimal self-adjustment are coded as OTS orthoses. For example, adjustment of straps and closures, bending or trimming for final fit or comfort (not all-inclusive) fall into this category.