Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Orthosis: Ankle (AFO), Knee Ankle Foot (KAFO), or Knee (KO)  

MP9085

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: Customized orthotics include any prefabricated item that has been trimmed, assembled or otherwise customized to fit a specific patient.

All initial custom-made orthosis must be ordered by a specialist in neurology, neurosurgery, occupational medicine, orthopedic, physical or sports medicine, podiatry, or rheumatology.

WellFirst Health does not cover repair or replacement if the item becomes unusable or non-functioning because of individual misuse, abuse, neglect or loss.

WellFirst Health Medical Policy:

1.0 For non-ambulatory members, a custom fabricated AFO (an ankle contracture splint or foot drop splint) with or without interface is considered medically necessary when ALL of the following criteria are met:

1.1 Has failed off the shelf or pre-fabricated AFO or for whom a pre-fabricated brace is not available; AND

1.2 The plantar flexion contracture of the ankle with dorsiflexion is ≥ 10 degrees (non-fixed contracture); AND

1.3 Contracture is interfering with the patient’s functional ability; AND

1.4 Orthosis is used to prevent further contracture; AND

1.5 The AFO is used as a component of therapy that includes active stretching of involved muscles/tendons

2.0 Custom fabricated orthotics for ambulatory members require prior authorization through the Health Services Division and are considered medically necessary in the following situations:

2.1 A custom fabricated AFO (encloses the ankle and foot and does not extend above the knee) with or without interface is considered medically necessary when the patient has met ALL of the following criteria:
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2.1.1 A weakness/deformity of foot and ankle requiring stabilization for medical reasons and have the potential to benefit functionally; **AND**

2.1.2 The member meets **ONE** of the following indications for a custom fabricated AFO:

2.1.2.1 The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); **OR**

2.1.2.2 There is a need to control the ankle or foot in more than 1 plane; **OR**

2.1.2.3 The member could not be fitted with a pre-fabricated (off-the-shelf) AFO; **OR**

2.1.2.4 The member has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; **OR**

2.1.2.5 The member has a healing fracture that lacks normal anatomical integrity or anthropometric proportions.

2.2 A custom fabricated KAFO (leg brace extends from above the knee to the ankle and foot) with or without interface is considered medically necessary when the patient has met **ALL** of the following criteria:

2.2.1 Meets the criteria for ankle foot orthosis 2.1.1 and for whom additional knee stability is required; **AND**

2.2.2 The member meets **ONE** of the following indications for a custom fabricated KAFO:

2.2.2.1 The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); **OR**

2.2.2.2 There is a need to control the knee, ankle and foot in more than 1 plane; **OR**

2.2.2.3 The member could not be fitted with a pre-fabricated (off-the-shelf) KAFO; **OR**

2.2.2.4 The member has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; **OR**

2.2.2.5 The member has a healing fracture that lacks normal anatomical integrity or anthropometric proportions.
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2.3 A custom fabricated knee orthosis (may prevent or assist knee movement) with or without interface is considered medically necessary when a patient meets **ALL** of the following:

2.3.1 Weakness/deformity of the knee requiring stabilization, **AND**
2.3.2 Potential to benefit functionally, **AND**:
2.3.3 Meets **ANY** of the following indications:
   2.3.3.1 Osteoarthritis
   2.3.3.2 ACL, PCL, MCL, or LCC injury
   2.3.3.3 Post-operative for knee surgery; **AND**
2.3.4 The member meets **ONE** of the following indications for a custom fabricated knee orthosis:
   2.3.4.1 The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); **OR**
   2.3.4.2 There is a need to control the knee in more than 1 plane; **OR**
   2.3.4.3 The member could not be fitted with a pre-fabricated (off-the-shelf) KO; **OR**
   2.3.4.4 The member has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; **OR**
   2.3.4.5 The member has a healing fracture that lacks normal anatomical integrity or anthropometric proportions.

3.0 Socks for use under orthotics or oversleeves are available over the counter and are considered an item of comfort, convenience and/or personal hygiene and therefore are **not** covered.

4.0 Ankle contracture splints with interfaces and replacement interfaces are not considered medically necessary and therefore are not covered for:
   4.1 Edema treatment
   4.2 Fixed contracture
   4.3 Heel pressure ulcer prevention or treatment

5.0 Requests to **repair** the medically necessary orthotics described in this policy are considered medically necessary if:
   5.1 There is an anatomical change which affects the fit of the orthotic; **OR**
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5.2 Reasonable wear and tear renders the item nonfunctional and the repair will make the equipment usable.

6.0 Requests to replace medically necessary orthotics described in this policy are considered for medical necessity at three year intervals unless:

6.1 There is an anatomic change which affects the fit of the orthotic; OR

6.2 Reasonable wear and tear renders the item nonfunctional and the orthotic is non-repairable.

6.3 A replacement AFO/KAFO/KO interface is limited to two per 12 month intervals provided the appropriate criteria shown in the Medical Policy 1.0 through 2.3.4.5 continue to be met.

7.0 The medical literature does not demonstrate improved clinical outcomes for use of knee braces for the treatment of patellofemoral pain syndrome. Therefore this treatment is not medically necessary and therefore not covered.

8.0 Any brace used exclusively for athletics is not covered.

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Effective: 03/01/2020