

December 2010

Lower Limb Orthoses – Coverage Criteria and Physician Documentation Requirements

Dear Physician,

Leg braces are covered by Medicare when they are required to support the limb and/or restrict or eliminate motion of a joint because of disease, injury, congenital condition, or orthopedic surgical procedure.

Although elastic supports may be beneficial to treat certain conditions, they are not eligible for coverage under the Medicare statutory brace benefit. Also, brace-like items that are used solely for pressure reduction and/or wound healing—e.g., devices used for the treatment of foot ulcers—are not eligible for coverage under the brace benefit.

The medical necessity for the brace must be clearly documented in the patient's medical records. The records could include your office notes, hospital records (e.g., operative note or discharge summary), or the records of other healthcare professionals (e.g., physical therapists or occupational therapists). The records must indicate the diagnosis and pertinent history (including symptoms, progression of the disease, other treatments that have been utilized—as applicable), type of injury, or surgical procedure. It should describe whether the patient will be ambulatory with the brace. There must be a physical examination of the affected body part, including (as applicable): presence of deformity, swelling, tenderness, contracture, or spasticity; objective assessment of joint laxity/stability; range of motion; etc. Simply listing this information on the order or on a form provided by the supplier is not sufficient. It must be documented in the patient's medical records.

A prefabricated brace without or with custom fitting is appropriate for most patients. The need for a completely custom fabricated brace must be justified in either the patient's medical records or in the supplier's records.

There must be a detailed written order that lists the specific type of brace that is being ordered, including all separately billable features. If a custom fabricated brace is being ordered, this must be clearly indicated. This document may be prepared by the supplier, but you must review it, initial and date any changes, and then personally sign and date the order. Signature and date stamps are not acceptable. Verbal orders alone are not sufficient for Medicare coverage.

There are local coverage determinations (LCD) and policy articles for certain types of leg braces—ankle-foot/knee-ankle foot orthoses and knee orthoses. Physicians can view these medical policies on the National Government Services Web site at www.NGSMedicare.com. They may also be viewed in the local coverage section of the Medicare Coverage Database at www.cms.hhs.gov/mcd/search.asp.

Suppliers may ask you to provide the documentation from your medical records on a routine basis in order to assure that Medicare will pay for these drugs and that your patient will not be held financially liable. Providing this documentation is in compliance with the Health Insurance Portability and Accountability Act Privacy Rule. No specific authorization is required from your patient. Also note that you may not charge the supplier or the beneficiary to provide this information. Please cooperate with the supplier so that they can provide the brace that is needed by your patient.

Sincerely,

Stacey V. Brennan, M.D., FAAFP
Medical Director, DME MAC, Jurisdiction B