

# Orthotics



## Medicaid Medical Coverage Policy

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## Description

Orthotics are devices that may be used to support, align, prevent or correct deformities or to improve the function of movable parts of the body. Orthotics include, but may not be limited to, braces (devices that support a weak joint or joints), splints (rigid devices used to immobilize an injury), casts (devices used to immobilize fractured body parts) and supports.

Orthotics may be classified as:

**Over-the-counter (OTC) – off-the-shelf** – Devices that are not modified or changed from the original product. These items are generally available without a prescription.

**Prefabricated** – Devices that are generally premade; however, may require a fitting or adjustment to fit the individual.

**Custom fabricated** – Devices that involve substantial work such as cutting, bending, molding or sewing. An impression of the body part may also be made to form a model from which the orthotic is molded.

Wearable robotic exoskeletons have been developed to reportedly help individuals ambulate despite partial or complete paraplegia. The devices include fitted braces for the legs and upper body with motorized hip and knee joints, a backpack containing a computer and rechargeable batteries, an array of upper body motion sensors and a computer based wireless control system worn on the individual's wrist. Crutches are also used to provide the user with additional stability when walking, standing or rising from a chair. Typically, these devices are indicated for use by individuals with paraplegia due to spinal cord injuries at levels T7 to L5 when accompanied by a specially trained caregiver and for individuals with spinal cord injuries at levels T4 to T6 where the device is limited to use in rehabilitation institutions.<sup>9,10</sup> Examples of these types of devices include, but may not be limited to, the following:

- Alalante
- EksoGT and EksoNR systems (for use only in rehabilitation institutions)
- Indego powered exoskeleton
- Keeogo Dermoskeleton system
- ReWalk Personal System
- ReWalk Restore

Generally, the use of these devices requires that individuals are able to stand using an assistive device (eg, standing frame) and their hands and shoulders are able to support crutches or a walker.<sup>9,10</sup> **(Refer to Coverage Limitations section)**

## Coverage Determination

Humana members may be eligible under the Plan for the following **orthotics**, which includes braces, splints and supports that are prescribed by a physician and are used to support, align, prevent or correct deformities.

Orthotic Type/Associated HCPCS Code(s)	Coverage Instructions
<b>Lower Extremity Orthotics</b>	
Ankle-foot orthosis (AFO) <b>L2106, L2108, L4631</b>	<p><b>L2106, L2108</b> May be considered medically necessary for tibial fractures when support is needed beyond the ankle to the upper calf. Clinical documentation of a detailed description along with medical necessity must be submitted</p> <p><b>L4631- Static AFO-</b> May be considered medically necessary for support and protection of feet with Charcot neuroarthropathy (Charcot's restraint orthotic walker (CROW) orthosis)</p>

Orthotic Type/Associated HCPCS Code(s)	Coverage Instructions
	<p><b>L4631-Static AFO</b> May be considered medically necessary for a nonambulatory individual with all the following:</p> <ul style="list-style-type: none"> <li>• Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10 degrees (not a non-fixed contracture); <b>and</b></li> <li>• Reasonable expectation of the ability to correct or prevent a fixed contracture in those who may become ambulatory; <b>and</b></li> <li>• Contracture is interfering or expected to interfere significantly with the individual's functional abilities; <b>and</b></li> <li>• Used as a component of a therapy program that includes passive stretching of the involved muscles or tendon.</li> </ul> <p>If a static AFO 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)t.</p> <p><b>L4631 is not medically necessary</b> solely for the prevention or treatment of a lower extremity edema, ulcer or pressure reduction</p>
Hip orthosis <b>L1640, L1680, L1681, L1685, L1686, L1690</b>	<p><b>L1640</b> May be considered medically necessary to control hip abduction. Orthotic types include Frejka, Ilfeld, Pavlik and Von Rosen</p> <p><b>L1680</b> May be considered medically necessary to control hip abduction. The orthotic type is the Ranchero hip action</p> <p><b>L1681</b> May be considered medically necessary for pre and post operative bilateral hip motion control including, but not limited to the following:</p>

Orthotic Type/Associated HCPCS Code(s)	Coverage Instructions
	<ul style="list-style-type: none"> <li>• Anterior and posterior hip dysplasia; <b>OR</b></li> <li>• Hip revisions; <b>OR</b></li> <li>• Mild to moderate hip osteoarthritis</li> </ul> <p><b>L1685, L1686</b> May be considered medically necessary to control hip abduction postoperatively or to treat symptoms of trauma</p> <p><b>L1690</b> May be considered medically necessary to prevent excessive hip adduction and internal rotation in children with cerebral palsy (SWASH brace)</p>
Hip-knee-ankle-foot orthosis <b>L2060</b>	May be considered medically necessary for exercise purposes for severe paralysis of the lower limb (eg, spina bifida, spinal cord issue)
Knee orthosis (KO), rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf <b>L1836</b>	<b>L1836</b> May be considered medically necessary for complete knee immobilization to facilitate healing of an injury or postoperative protection
Knee-ankle-foot orthosis <b>L2126, L2128, L2132, L2134, L2136</b>	<p><b>L2126, L2128</b> May be considered medically necessary for a custom orthotic for a femur fracture needing special support when a prefabricated orthotic (<b>L2132, L2134, L2136</b>) cannot be used. Clinical documentation of a detailed description along with medical necessity must be submitted.</p> <p><b>L2132, L2134, L2136</b> May be considered medically necessary for a femur fracture</p>
Legg Perthes orthosis <b>L1700, L1710, L1720, L1730, L1755</b>	<p>The following orthotics may be considered medically necessary for treatment of Legg Perthes in children:</p> <ul style="list-style-type: none"> <li>• <b>L1700</b> Toronto type; <b>OR</b></li> <li>• <b>L1710</b> Newington type; <b>OR</b></li> <li>• <b>L1720</b> Tachdijan type; <b>OR</b></li> <li>• <b>L1730</b> Scottish Rite type; <b>OR</b></li> <li>• <b>L1755</b> Patten bottom type</li> </ul>

Orthotic Type/Associated HCPCS Code(s)	Coverage Instructions
Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model <b>L2525</b>  Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted <b>L2526</b>	May be considered medically necessary for greater stability and/or weight bearing ability with ischial containment/narrow mediolateral brim (high trims) for an approved leg prosthesis (eg, usually used with paralytic limbs)
Addition to lower extremity, pelvic control, <b>L2627</b> <b>L2628</b>	May be considered medically necessary for use with approved KAFO <b>L2036</b> or <b>L2037</b> for support/control of the pelvis when the hip joint cannot support itself
<b>Foot Orthotics</b>	
Foot, arch support <b>L3050, L3060</b>	May be considered medically necessary when additional support to the arch of the foot is needed to improve the foot's alignment and overall function
Foot drop splint <b>L4398</b>	May be considered medically necessary to maintain the foot at a fixed position of 0 degrees
Orthopedic shoe <b>L3202, L3203, L3204</b>  Orthopedic shoe, modification, addition or transfer, not otherwise specified <b>L3649</b>	May be considered medically necessary for correction of pronation or supination of the feet  May be considered medically necessary for a custom modification, addition or transfer of an approved orthotic to meet the individual's unique anatomical or functional need (eg, irregular limbs, advanced deformities) Clinical documentation of a detailed description along with medical necessity must be submitted.
Benesch boot, pair <b>L3212, L3213, L3214</b>	May be considered medically necessary for the pediatric individual to ensure proper heel alignment when decreasing movement or weight bearing, treating a deformity, gait or pain
<b>Spine Orthotics</b>	
Cervical Halo With jacket vest <b>L0810</b> With plaster body jacket <b>L0820</b> With Milwaukee type orthotic <b>L0830</b> With MRI compatible systems, rings, pins <b>L0859</b>	May be considered medically necessary for adult individuals with unstable cervical and upper thoracic (to T3) fractures and dislocations  May be considered medically necessary for pediatric individuals for the following:

Orthotic Type/Associated HCPCS Code(s)	Coverage Instructions
	<ul style="list-style-type: none"> <li>• Atlanto-occipital dislocation without neurologic injury; <b>OR</b></li> <li>• Reduce basilar invagination before occipitocervical fusion, C1-2 rotatory subluxation before C1-2 fusion; <b>OR</b></li> <li>• Severe thoracolumbar spinal deformity; <b>OR</b></li> <li>• Unstable fractures</li> </ul>
Cervical-thoracic-lumbar-sacral orthosis, <b>L0700, L0710</b>	May be considered medically necessary for control of all spinal movement in conjunction with head and neck immobilization for stable C2-T3 fractures or cervical muscular and ligamentous injury at or below C2. (Minerva type)
Cervical-thoracic-lumbar-sacral orthosis (CTL SO) <b>L1000</b>	May be considered medically necessary for correction of a spinal deformity, Milwaukee type. (eg, kyphosis, scoliosis)
Sacroiliac orthosis <b>L0624</b>	May be considered medically necessary for pelvic pain and/or support (eg, pregnancy induced)
Thoracic-lumbar-sacral orthosis <b>L0970, L0974, L0976, L0980, L1200, L1230, L1300, L1310</b>	May be considered medically necessary for the initial supply of an approved spinal orthosis
Addition to spinal orthosis, not otherwise specified <b>L0999</b>  Spinal orthosis, not otherwise specified <b>L1499</b>	May be considered medically necessary as an addition to an approved spinal orthosis when an assigned code does not exist. Clinical documentation of a detailed description along with medical necessity must be submitted
Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment <b>L1005</b>	May be considered medically necessary for idiopathic curves of 25 to 45 degrees in individuals with an immature skeleton (Risser score 0 to 2)
Protective body sock, prefabricated, off-the-shelf, each <b>L0984</b>	May be considered medically necessary use with an approved spinal orthosis or body jacket
<b>Upper Extremity Orthotics</b>	

Orthotic Type/Associated HCPCS Code(s)	Coverage Instructions
Elbow orthosis <b>L3710, L3720, L3730, L3740, L3761, L3762</b>	May be considered medical necessary for functional support, immobilization or motion prevention. Indications include, but may not be limited to, chronic degenerative disorders, dislocation, fractures, strains, post-operative, muscle tears, neurological disorders or tendonitis
Elbow-wrist-hand orthosis <b>L3763, L3764</b>	May be considered medically necessary for functional support, immobilization or motion prevention for fractures
Elbow-wrist-hand-finger orthosis <b>L3765, L3766</b>	May be considered medically necessary for functional support, immobilization or motion prevention for fractures
Finger orthosis <b>L3925</b>	May be considered medically necessary for immobilization, protection or support for injuries, neuromuscular conditions or post-surgical use
Hand orthosis <b>L3918</b>	May be considered medically necessary for immobilization, protection or support for injuries, neuromuscular conditions or post-surgical use
Hand-finger orthosis <b>L3930</b>	May be considered medically necessary for immobilization, protection or support for injuries, neuromuscular conditions or post-surgical use
Shoulder orthosis <b>L3671, L3674</b>	May be considered medically necessary for shoulder immobilization, protection or support following a fracture, injury, sprain or post-surgical use
Shoulder-elbow-wrist-hand orthosis <b>L3960, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978</b>	May be considered medically necessary for supporting injured, post-surgical, and/or weak or deformed areas of the shoulder, elbow, wrist, or hand. These bracing devices are used on wheelchairs
Upper extremity fracture orthosis <b>L3981</b>	May be considered medically necessary for functional support, immobilization or motion prevention for fractures
Wrist-hand orthosis <b>L3905, L3916</b>	May be considered medically necessary for immobilization, protection or support for injuries, neuromuscular conditions or post-surgical use

Orthotic Type/Associated HCPCS Code(s)	Coverage Instructions
Wrist-hand-finger orthosis <b>L3809, L3900, L3901, L3904</b>	May be considered medically necessary for immobilization, protection or support for injuries, neuromuscular conditions or post-surgical use
<b><i>Repair/Replacement/Supply/General</i></b>	
Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code <b>L9900</b>	May be considered medically necessary for customized accessories, components or supplies to an orthosis that is critical to functionality and treatment. Clinical documentation of a detailed description along with medical necessity must be submitted
Cervical head harness/halter <b>E0942</b>	May be considered medically necessary for rehabilitation therapy for cervical injuries or disorders
Pelvic belt/harness/boot <b>E0944</b>	May be considered medically necessary as a traction device to treat chronic pain of the lower back, sacrum or pelvic regions, or to treat the effects of spondylosis
Extremity belt/harness <b>E0945</b>	May be considered medically necessary for use in conjunction with other traction devices for fractures of extremities
Repair <b>L4210</b> /Replacement <b>L4000, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4100, L4110, L4130</b>	<p>May be considered medical necessary for the repair/replacement of an orthotic device, for any of the following indications:</p> <ul style="list-style-type: none"> <li>• Repair that will return function to the orthotic when an anatomical change* or reasonable wear and tear renders the orthotic nonfunctional; <b>OR</b></li> <li>• Replacement of an orthotic for any of the following: <ul style="list-style-type: none"> <li>○ Anatomical change*; <b>OR</b></li> <li>○ Reasonable wear and tear render the orthotic nonrepairable and nonfunctional; <b>OR</b></li> </ul> </li> </ul>



Orthotic Type/Associated HCPCS Code(s)	Coverage Instructions
	<ul style="list-style-type: none"> <li>Reasonable useful lifetime wear and tear replaced every 1-3 years</li> </ul> <p>Repair or replacement of orthotics due to abuse, misuse or neglect is <b>not medically necessary</b></p> <p>*Anatomical change refers to significant growth in a child or adolescent, major weight gain or loss, or other body changes that result in a poor fit or function of an orthotic device.</p>

### Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **orthotics** for any indications other than those listed above including, but may not be limited to:

- Wearable robotic exoskeletons (**K1007**)

A review of the current medical literature shows that the **evidence is insufficient** to determine that these devices are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.

### Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
No code(s) identified		
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
E0942	Cervical head harness/halter	
E0944	Pelvic belt/harness/boot	

E0945	Extremity belt/harness	
K1007	Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type	
L0624	Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	
L0700	Cervical-thoracic-lumbar-sacral orthosis (CTL SO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	
L0710	Cervical-thoracic-lumbar-sacral orthosis (CTL SO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	
L0810	Halo procedure, cervical halo incorporated into jacket vest	
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	
L0970	Thoracic-lumbar-sacral orthosis (TLSO), corset front	
L0974	Thoracic-lumbar-sacral orthosis (TLSO), full corset	
L0976	Lumbar-sacral orthosis (LSO), full corset	
L0980	Peroneal straps, prefabricated, off-the-shelf, pair	
L0984	Protective body sock, prefabricated, off-the-shelf, each	
L0999	Addition to spinal orthosis, not otherwise specified	
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTL SO) (Milwaukee), inclusive of furnishing initial orthotic, including model	
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	
L1200	Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only	
L1230	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), Milwaukee type superstructure	
L1300	Other scoliosis procedure, body jacket molded to patient model	
L1310	Other scoliosis procedure, postoperative body jacket	
L1499	Spinal orthosis, not otherwise specified	
L1640	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	

L1680	Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	
L1681	Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	
L1686	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	
L1836	Knee orthosis (KO), rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	
L2060	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	
L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	
L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	
L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	
L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	
L2132	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	
L2134	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	

L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	
L3050	Foot, arch support, removable, premolded, metatarsal, each	
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	
L3202	Orthopedic shoe, Oxford with supinator or pronator, child	
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	
L3212	Benesch boot, pair, infant	
L3213	Benesch boot, pair, child	
L3214	Benesch boot, pair, junior	
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	
L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3674	Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3710	Elbow orthosis (EO), elastic with metal joints, prefabricated, off-the-shelf	
L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	
L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	
L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	
L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf	
L3762	Elbow orthosis (EO), rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	
L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	

L3764	Elbow-wrist-hand orthosis (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3765	Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3766	Elbow-wrist-hand-finger orthosis (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3809	Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type	
L3900	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	
L3901	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	
L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	
L3905	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3916	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	
L3918	Hand orthosis (HO), metacarpal fracture orthosis, prefabricated, off-the-shelf	
L3925	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	
L3930	Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	
L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	
L3961	Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3962	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	
L3967	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	

L3973	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fi	
L3975	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3976	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3977	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3978	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, incl	
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	
L3999	Upper limb orthosis, not otherwise specified	
L4000	Replace girdle for spinal orthosis (cervical-thoracic-lumbar-sacral orthosis (CTL SO) or spinal orthosis SO)	
L4010	Replace trilateral socket brim	
L4020	Replace quadrilateral socket brim, molded to patient model	
L4030	Replace quadrilateral socket brim, custom fitted	
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	
L4045	Replace nonmolded thigh lacer, for custom fabricated orthosis only	
L4050	Replace molded calf lacer, for custom fabricated orthosis only	
L4055	Replace nonmolded calf lacer, for custom fabricated orthosis only	
L4060	Replace high roll cuff	
L4070	Replace proximal and distal upright for KAFO	
L4080	Replace metal bands KAFO, proximal thigh	
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	
L4100	Replace leather cuff KAFO, proximal thigh	
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	
L4130	Replace pretibial shell	
L4210	Repair of orthotic device, repair or replace minor parts	
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	

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## Change Summary

06/03/2025 New Policy