

Coding the IQ Brace

The following information is being provided to you from our coding consultant as a guide to coding the IQ Brace. This is by no means a comprehensive guide to coding Orthotics and Prosthetics. We ask that you review other references and review the disclaimer at the end of this document.

- 1) There are two appropriate codes to potentially describe a static ankle foot orthotics (AFO) for limited or non-weight bearing, which would accurately describe the IQ Brace. These are:

L4396(STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, **OR** OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE)
or

L4397 (STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED, OFFTHESHELF)

- 2) The difference in these codes is with respect to whether there is the requirement for significant expertise to customize the device and fit a specific patient. IQ Medical believes the IQ Brace meets this litmus test and the most accurate code for this device is L4396 (see next page for more information on coding the IQ Brace).
- 3) Proper fitting and adjustment of this brace to meet the patient's needs does require the expertise of someone with a full understanding of the anatomy and physiology of the lower extremity and the patient's pathology;
- 4) This brace is not intended as an over the counter device. It should only be prescribed by an MD DO or DPM. It is not intended as a device to be self-adjusted by the patient or anyone who lacks the education and training required to do so;
- 5) Objective ankle range of motion measurements with both the knee extended and flexed should be recorded with either a tractograph and/or goniometer. This should be done for both lower extremities. An assessment of the patient's tolerance to dorsiflexion and plantarflexion resist should be performed as part of both the prescribing and fitting process. This may require periodic adjustments based on the patients tolerance and response to treatment. Adjustments should only be performed by someone with the expertise to do so.
- 6) The dispensing of this brace should be limited to that of a physician (e.g. MD DO DPM), or as otherwise required by state scope of practice (e.g. orthotist, physical therapist, etc.). Regardless the individual dispensing and adjusting this device should have the required expertise necessary to fit and adjust this device;
- 7) Fitting and adjustments of the IQ device requires communication between the supplier (after they have performed a full assessment of the patient's lower extremity anatomy and physiology) and the prescriber. This will often result in the ideal setting for the braces hinges;
- 8) Periodic assessments of the patient's response to treatment with the IQ brace should be performed by the prescriber, who would be entitled to bill an evaluation and management CPT code.
- 9) The DMEPOS supplier can also bill for medically necessary adjustments 90 day or more after the dispensing date using code L4205. While this code is normally reserved for repairs, allowance for medically necessary repairs is included in the Medicare AFO policy article. Similar policies are likely in place for non-Medicare carriers.

Coding the IQ Brace for Medicare Patients

(This includes all fee for service Medicare and Medicare Advantage Plans):

Currently the Medicare agency entrusted with coding products (PDAC) has coded the IQ brace as L4397. While Medicare does not require that this type of device receive product coding validation, the PDAC has assigned a product coding validation to the IQ and similar devices of L4397. IQ Medical takes exception with this coding assignment as it conflicts with the current workflow for pre-fabricated devices contained in the AFO DME MAC LCD. The coding change from L4396 to L4397 was a unilateral decision for all static afo's (e.g. night braces) made by the PDAC which had previously coded the IQ Brace (and others) as L4396. This was changed when the L4397 code was developed and the PDAC made this announcement without asking for any documentation from the manufacturers. IQ Medical is in the process of submitting the necessary documentation to change the product validation back to the more accurate L4396. It remains in your best interest to continue to code the device as L4397 until such time that we receive official notification of a change in the product code validation. At the present time both L4396 and L4397 are reimbursed equally, thus there should be no negative economic impact on your reimbursements.

For non-Medicare claims (this includes all third party) payers, ERISA plans and self-paid plans:

The PDAC decision on product code validation are not binding to non-Medicare plans. IQ Medical is of the opinion that L4396 more accurately describes the IQ brace. There may be potentially a higher reimbursement by private and non-Medicare plans for the use of L4397. However, it is the definition of L4396 (static afo device requiring significant modification by someone with sufficient expertise) which makes this code more appropriate than L43967. The unique hinge on this device is a true dorsiflex assist and plantar flex resistant hinge and is very different than the simple Velcro straps used by our competitors. HCPCS code L2210 meets this description an "add-on" code for this brace. Since the hinge setting is located on both the medial and lateral side of the ankle joint, IQ Medical suggests that for non-Medicare carriers the "add-on" code should be billed as "2" units. The following is an example of billing for a non-Medicare claim:

I would insert the same claim as I provided you previously with the following changes to the coding:

L4396 KX LT (1) unit	\$400
L2210 KX LT (2) units	\$90 x 2

Disclaimer: This document serves solely as a guide to proper coding and billing. These are not to be taken as the official position of any CMS agency or your local third party payers. IQ Medical assumes no liability for any materials contained or omitted in these documents. Fees presented here serve only as an illustrated example of how to complete a claim form and by no means are endorsed by IQ Medical. It is best to contact your third party payer for their official positions on coding and reimbursement and payment policies.