

Notification of Medical Policy Reviews or Policy Edits: August 2015

Medical Policy	Revision
<p>1. Orthotics: Lumbar Sacral Orthoses (LSO) and Thoracic Lumbar Sacral Orthoses (TLSO)</p>	<ul style="list-style-type: none"> • Request from staff to separate original Orthotics policy as there are three (3) separate LCDs specific to each orthoses listed and too much information condensed into one policy making it difficult to follow for reviews. • Renamed policy to identify with Spinal Orthoses and removed all criteria not applicable • Added additional non-covered indications to section: When Coverage Will Not Be Approved per LCD L11448 • Updated reference section • Added a note to the revision section advising this policy replaces the original Orthotics Medical Coverage Policy for history purposes.
<p>2. Orthotics: Knee Orthoses</p>	<ul style="list-style-type: none"> • Request from staff to separate original Orthotics policy as there are three (3) separate LCDs specific to each orthoses listed and too much information condensed into one policy making it difficult to follow for reviews. • Renamed policy to identify with Knee Orthoses and removed all criteria not applicable • Added definitions for ease of identification and specific to knee orthoses • Identified prefabricated and custom fabricated knee orthoses coverage criteria

	<p>separately with appropriate codes as indicated in LCD L22664 and as a request from staff for ease of review</p> <ul style="list-style-type: none"> • Added an additional non-covered indication to section: When Coverage Will Not Be Approved per CMS guidance • Additional guidance added to Special Notes section per LCD • Updated reference section • Added a note to the revision section advising this policy replaces the original Orthotics Medical Coverage Policy for history purposes.
<p>3. Orthotics: Ankle-Foot (AFO) and Knee-Ankle-Foot (KAFO) Orthoses</p>	<ul style="list-style-type: none"> • Request from staff to separate original Orthotics policy as there are three (3) separate LCDs specific to each orthoses listed and too much information condensed into one policy making it difficult to follow for reviews. • Renamed policy to identify with AFO/KAFO Orthoses and removed all criteria not applicable • Added definitions for ease of identification and specific to AFO/KAFO orthoses • Included appropriate codes as indicated in LCD L11517 as a request from staff for ease of review • Added additional non-covered indications to section: When Coverage Will Not Be Approved per CMS guidance • Updated reference section • Added a note to the revision section advising this policy replaces the original Orthotics Medical Coverage

	Policy for history purposes
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