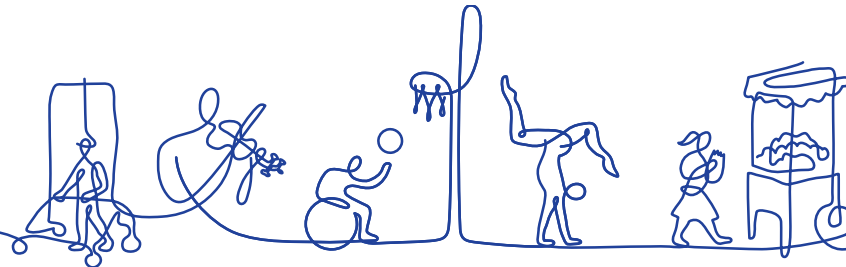


Decision-making regarding the wide options related to orthotic supports for common and difficult to manage conditions; tips for getting them covered by third party payers

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SCOTTISH RITE



I have no conflicts of interest and no relevant financial relationships to disclose.

Orthotics and Prosthetics Department

7500 Orthoses per year

300 prostheses per year

750 spinal orthoses per year

Personal

- Master level practitioners
- Technicians – one of the few places to have In-House fabrication!
- Support Staff



Nomenclature:

Orthosis (noun) → externally applied device used to modify the structural and functional characteristics of the neuromuscular system

Orthotic (adjective) → description of a device

Orthoses are named after the joint(s) they cross or body part they are stabilizing/supporting

- **FO** → Foot Orthosis
- **AFO** → Ankle Foot Orthosis
- **KO** → Knee Orthosis
- **KAFO** → Knee Ankle Foot Orthosis
- **HKAFO** → Hip Knee Ankle Foot Orthosis

Nonmedical terminology → “Insert” “Brace”

Goals of Orthotic Treatment

Control Motion

- Limit or assist motion
- Support and stabilize a joint
- Control tone (hypotonia or spasticity)

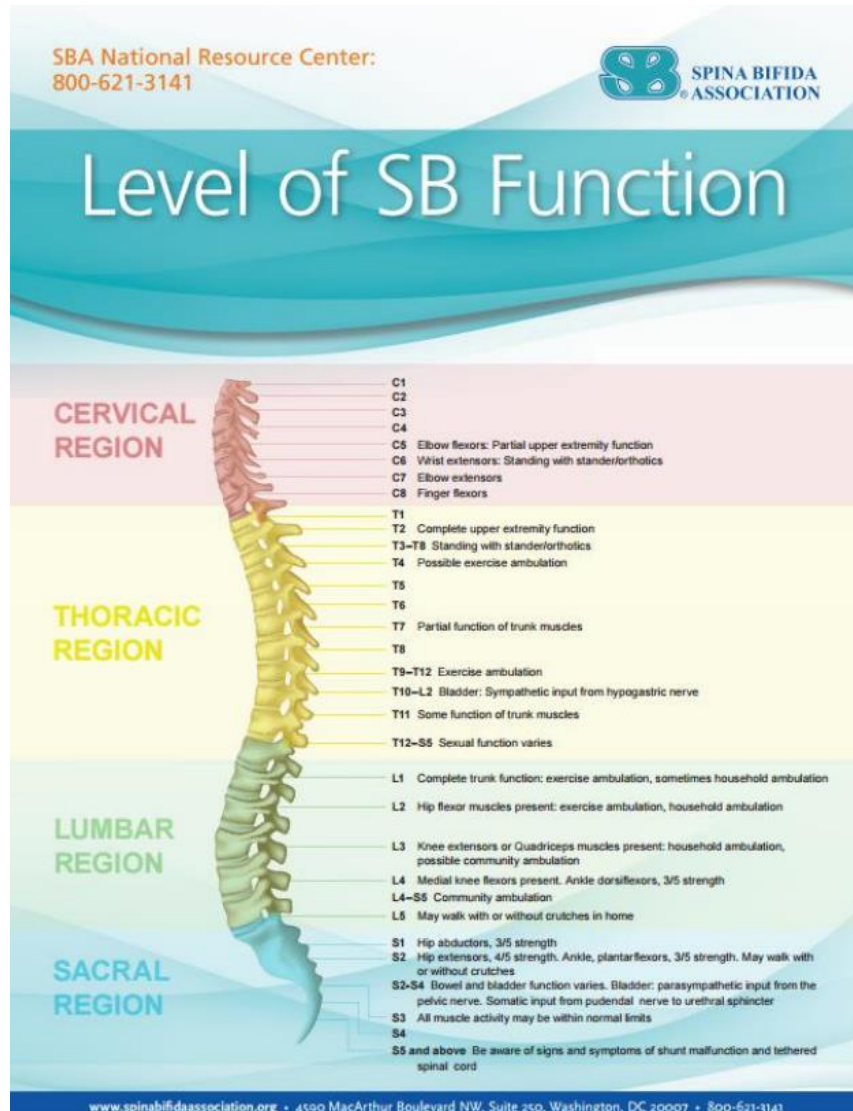
Control Deformity

- Prevent or correct the deformity
- Unload damaged joints

Control Pain

- Generally, must have a biomechanical function in addition to reducing pain
- Kinesthetic reminder

Spina Bifida Levels in relationship to Orthoses



- **Thoracic to L2** → RGO or Wheeled Stander
- **L2 to L3** → HKAFO or KAFOs for short distance, usually prefers wheelchair for long distances
- **L3 to L4** → can walk short distances AFOs or KAFOs
- **L5 to S1** → AFOs or SMOs
- **S2 to S4** → Foot Orthoses

Foot Orthoses / Supramalleolar Orthoses

Custom Foot orthoses: Functional vs. Accommodative

- Aims to control the coronal plane of foot deformities
- Offload high stress areas
- Increases shock absorption



UCBL

- Controls moderate to severe flexible pes planus with excessive external rotation, hindfoot valgus, and midfoot instability



SMO

- Provides coronal support to the ankle to control inversion/eversion
- Great for low tone



Prefabricated Ankle Foot Orthosis

- Carbon Fiber AFO
 - More cost effective
 - Minimal dorsiflexion weakness
 - Provides sagittal control of the ankle
 - Provides dynamic return
 - Lightweight, low profile, and more cosmetically acceptable



Custom Ankle Foot Orthotics



Thermoplastic



Advantages: increased total contact, low profile = better cosmesis, light weight, increased triplanar control



Disadvantages: encapsulates heat, not compliant with fluctuating edema

Custom Design choice of AFOs



Posterior Leaf Spring

- Most flexible design, allows for some plantarflexion in late stance
- Controls isolated dorsiflexor weakness ("foot drop")



Semi-Rigid

- Provides increased ankle control
- Increased resistance during push-off, less flexibility
- Treats foot drop with some extensor tone and/or ML instability



Solid Ankle

- Provides maximum sagittal and coronal
- Controls spasticity
- Reduce Crouch

Custom Design choice of AFOs



Ground Reaction

- Hyperextension control
- Ground Reaction stabilizes weak knee
- Ankle ML Control
- Knee flexion control



Articulating

- Provides some motion
- Options: plantarflexion stop, dorsiflexion stop, nighttime stretching straps, free motion joints, dorsiflexion assist joints, double action joints



PDE

- An adjustable AFO, that accommodates plantarflexion weakness. It absorbs weight to control the ankle as the foot rolls forward, then springs back as the foot is being pushed off the ground.

PDE AFO



- A flexible, energy returning AFO.
- One of the few orthoses that allows an Orthotist to fine tune an AFO.
 - Strut stiffness
 - Wedges can be added to provide 2.5 degrees of internal/external rotation, or to dorsiflex/plantarflex the AFO
- During loading response and midstance, the PDE strut compresses to absorb impact and store potential energy. During terminal stance and preswing, the energy is released to assist with propulsion. This dynamic return closely replicates the physiological ankle rocker kinematics which helps reduce the metabolic cost of gait.

Knee Ankle Foot Orthosis

- Provides stability to the knee and ankle during stance phase and knee hyperextension control from midstance to terminal stance
- Limits motion of instability at the knee and ankle, quadricep weakness, hyperextension of the knee, and controls varus/valgus movement of the knee joint
- Options:
 - Lateral upright or Double upright
 - Free motion, drop lock, posterior offset, dial lock
 - Gutter Splint



Hip Knee Ankle Foot Orthosis

- A HKAF0 consists of a hip joint and a pelvic band attached to a KAFO.
- The hip joint prevents abduction and adduction as well as hip rotation (weak gluteus medius)
- Options:
 - Single Axis hip joint → allows only flexion/extension
 - Two position lock hip joint → can be locked in full extension or 9- degrees of flexion
 - Double axis hip joint → flexion/extension axis and abduction-adduction axis



Reciprocating Gait Orthosis



- Bilateral KAFOs are attached through hinges to a rigid pelvic band with thoracic extension. The cable system couples hip flexion on one side to hip extension on the contralateral side and compensates for minimal hip extensor strength. The torso section prevents forward pelvic tilt and lordosis
- Provides exercise to the patient during PT
- To ambulate, weight shifting generates reciprocating steps
- Requires a lot of energy from the child.
- It is time consuming to don/doff, fabricate, and expensive.
- An RGO is heavy and quite bulky.
 - Ideal age is 4+ due to the difficulty of gait training
- Requirements:
 - Strong upper extremity strength
 - minimal contractures
 - Assistive device (recommended)
 - Good head control
 - PT established (recommended)

Wheeled Stander

- A functional device
- Option to help kids keep up with their peers on eye- eye level
- Provides opportunities for standing activities
- At Scottish Rite we loan these to families
- Requirements:
 - Good head control
 - Able to operate wheels
 - No extreme contractures



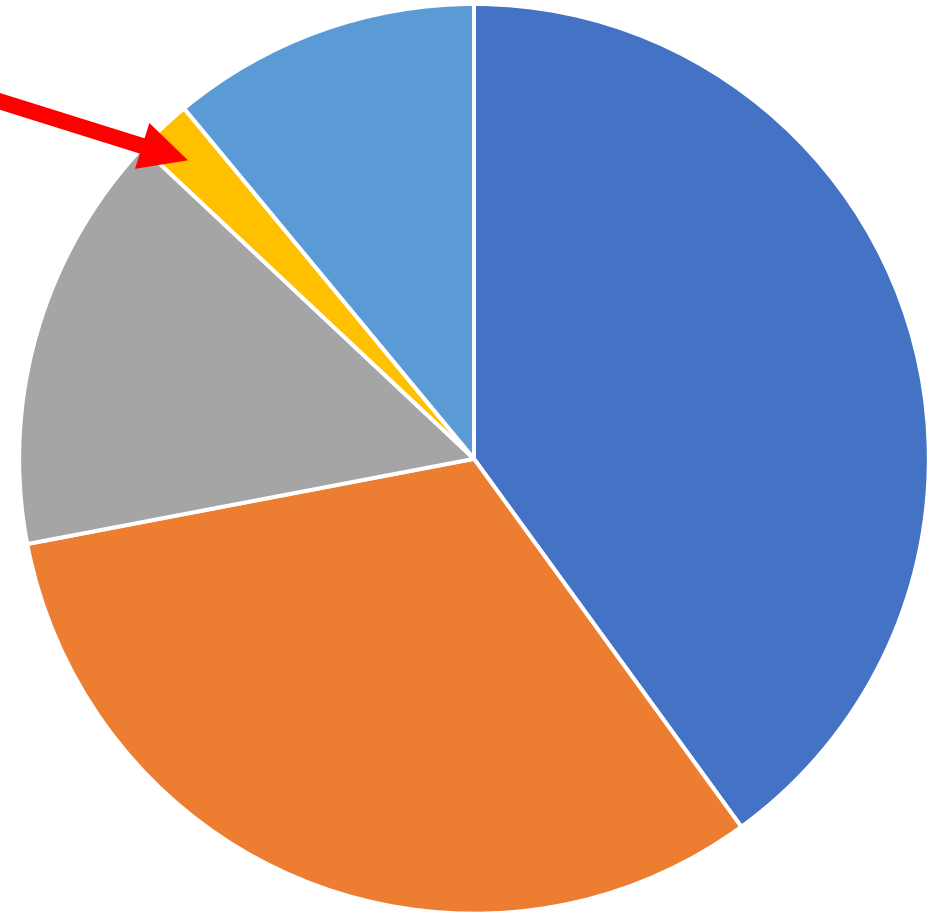
Wedging an Orthosis



- To match the patient's weight line, internal or external wedging should be added to accommodate an existing contracture.
- With Knee or hip flexion contractures, gravity naturally wants to pull the knees further into crouch gait, but wedging an orthosis keeps the ground reaction force safely balanced, reducing the workload on weak quadriceps.
- It also creates a stable base of support.
- Wedging can also be external on a shoe.

Orthotics are a small piece of the overall health!

- Orthotics vs, other medical needs
- We don't want to be burdensome to families.
 - Make orthoses simple
 - Re-evaluate goals as the child gets older
 - Discontinue orthoses when orthoses are not improving function



Tips for getting Orthoses covered by third party payers



The way to get orthoses covered is to have thorough documentation.



In general, we are trying to get orthoses covered by Medicare because most third-party payers follow Medicare guidelines for coverage.



Work with your billing team! → Review insurance policies/ if prior authorization is necessary

A valid prescription must have the following:



Patient's name



Diagnosis (ICD-10)

"Pain" is not a diagnosis code and will **never** gets approved



Date of the order

Written order: this is the date on the prescription

Verbal order: this is the date the call was received



Orthotic Treatment

What type of orthosis →FO, AFO, KAFO, etc.

What side →Left, Right, or Bilateral

Description of orthoses →Solid Ankle, Posterior Leaf Spring, etc.



Treatment needed?

Custom mold (cast/measure), or Evaluate and Treat



Doctors name and Signature



*****The prescription can not pre-date the clinical notes**

Documentation Guide for AFOs and KAFOs...

The following is Medicare's criteria for coverage of AFOs and KAFOs:

The Physician must evaluate the patient and document medical necessity, functional capabilities, type of orthosis, and if a custom fabricated orthosis is necessary.

The Physician note must have the following:

- Diagnosis (+ ICD-10 code)
- Affected side (left, right, or bilateral)
- Symptoms
- Clinical course
- Therapeutic interventions/results
- Prognosis

Documentation Guide for AFOs and KAFOs...

If patient has an orthosis, what is the status of current orthosis?

- Describe the condition of the AFO/KAFO

Describe the patient's experience with orthoses and other treatments

Reason for replacement of orthosis?

- * lifetime of an AFO/KAFO is 5 years according to Medicare
- * to replace an AFO/KAFO before 5 years there must be a documented reason why a current orthosis is no longer appropriate for the patient OR the orthosis must be accidentally damaged or irreparable
- * if the problem is due to wear or tear, an AFO/KAFO <5 years, the orthosis can be repaired if it is unable to be replaced
- **If replacement is necessary, document that the orthosis is medically necessary.**
- OR has the patient's condition changed?
 - Describe why the current orthosis is no longer appropriate
 - Weight gain/loss, decreased stability, increased contracture progression
 - Recent physical examination that describes the functional deficits

Documentation Guide for AFOs and KAFOs...

- Include the following:
 - Age
 - Height and weight ***
 - One of the most important things to document to justify the necessity of orthoses
 - Musculoskeletal examination
 - Joint laxity
 - MMT
 - ROM
 - Presence of deformity, swelling, tenderness, contracture, spasticity



Documentation Guide for AFOs and KAFOs...

Document **ALL** of the following phrases if the patient meets all the following criteria for an AFO:

- “Patient is ambulatory.”
- “Weakness/deformity of the foot and ankle.”
- “Requires stabilization for medical purposes.”
- “Patient has the potential **to benefit functionally.**”

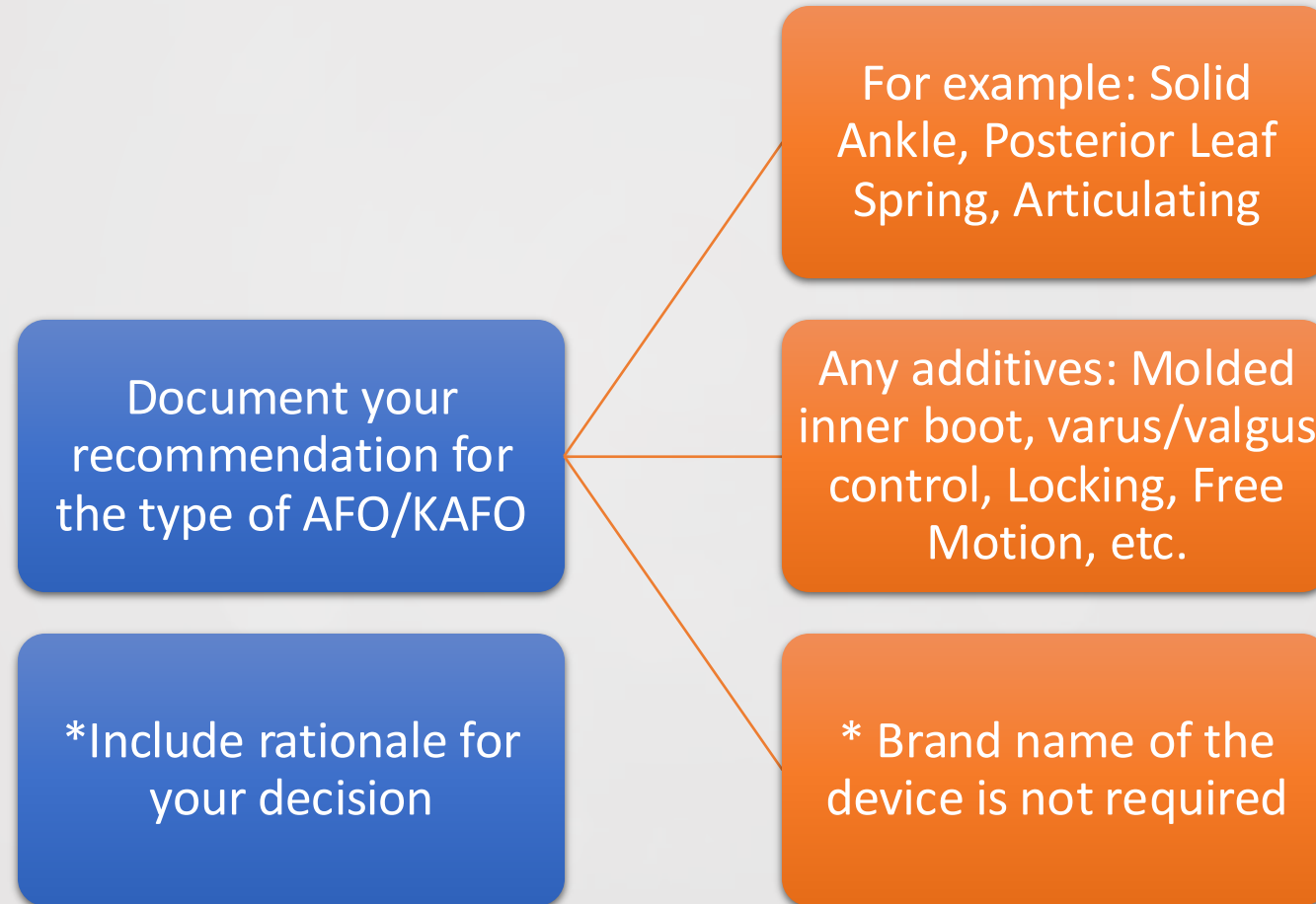
If a KAFO is required, add the following documentation phrase:

- “Additional knee stability if required.”

Documentation Guide for AFOs and KAFOs...

- If a custom orthosis is needed, **one** of the following phrases is needed:
 - “The patient could not be fit with a prefabricated AFO.”
 - “The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months).”
 - “There is a need to control the knee, ankle, or foot in more than one plane.”
 - “The patient has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury.”
 - “The patient has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.”

Documentation Guide for AFOs and KAFOs...



Standard Written Order

- * Effective January 1, 2020: For Medicare, the initial order is no longer required for orthotics and prosthetics, however a signed **Standard Written Order (SWO)** must be obtained prior to billing
 - An Orthotist can write the SWO but the physician must sign the SWO
 - An initial order can be used as the SWO if it contains all the elements required
 - The SWO must meet state prescribing credentials and/or other applicable laws
- If an initial order is required by the insurance payer, state, or credentialing agency, the initial order can either be verbal and documented in the patient's chart or written by the ordering physician
- It is the Orthotist's responsibility to insurance compliance with insurance criteria, credentialing, and state laws

SWO elements

- Order date: Must be dated on/prior to the delivery date
- Describe the items being ordered
 - **Patient's name**
 - **Narrative description:** Dynamic AFO, spiral style, prefabricated
 - **HCPCS code:** L1951
 - **HCPCS code narrative:** Ankle foot orthosis, spiral...plastic or other material, prefabricated, includes fitting and adjustment
 - Brand name (may be included but not necessary)
 - **Quantity for each item**
 - **RT/LT for each item** (recommended)
 - **Physician demographics:** printed name, credential, address, phone, NPI
 - **Physician signature**

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www.tsrhc.org		2222 Welborn Street Dallas, TX 75219	Tel: (214) 559-7440 Fax: (214) 559-7473
Standard Written Order			
Patient Information			
Patient Name (Last, First, MI)	Patient ID	Patient DOB	Device Type
			Bilateral AFO Other
Street Address	City, State, Zip/Postal Code		Country
			US
L-Code	Qty	Description	
L1951	2	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	
Prescription			
Projected Monthly Frequency		Estimated Length of Need	Start Date
Daily		Per physician's discretion	4/21/2026
Insurance/Medicare Info		Diagnosis	ICD
BLUE CROSS BLUE SHIELD COMMERCIAL		Sacral spina bifida with hydrocephalus	Q05.3
Physician Name		Physician Address	
Jonnalagadda, Shanmuga Pujitha, MD (Referring Physician)		2222 WELBORN ST DALLAS, TX 75219	
Physician Work Phone		Physician Fax	Physician NPI
Cosigned by: Shanmuga Pujitha Jonnalagadda, MD at 4/21/2026 5:20 PM			

SWO for periodic basis

- The following items must be included in a liner, sock, or other non-consumable order
 - Patient's name
 - Order date
 - Description of item(s)
 - Quantity
 - RT/LT (recommended)
 - Physician demographics: printed name, credential, address, phone, NPI
 - Physician signature
- * These items are treated as a refill and covered under the original order
- Medicare and other large payers may have medically unlikely edits established for liners and socks
- Replace only when item is no longer functional, and document its condition

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Detailed Written Order

Patient Information			
Patient Name (Last, First, MI)	Patient ID	Patient DOB	Device Type Consumables
Street Address	City, State, Zip/Postal Code		Country
			US
K Level K4 Functional Level 4. The patient has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills exhibiting high impact, stress, or energy levels. Typical of the prosthetic demands of the child, active adult, or athlete.			
L-Code	Qty	Description	
L5673	2	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	

Prescription

Projected Monthly Frequency 18 - 20 hours per day	Estimated Length of Need Amputation is chronic so device will be needed for life. May need replacement as child grows or wears it out every 12-18 months on average.	Start Date 4/1/2026
Insurance/Medicare Info CIGNA- APWU HEALTH PLAN (Primary)	Diagnosis Other congenital malformations of musculoskeletal system, Acquired absence of left leg below knee	ICD Q79.8, Z89.512
Physician Name Gill, Corey Scott, M.D. (Referring Physician)	Physician Address 2222 Welborn St Dallas, TX 75219	
Physician Work Phone	Physician Fax	Physician NPI

Cosigned by: Corey Scott Gill, MD at 4/7/2026 10:37 AM

Questions?

Thank You

SCOTTISH RITE



Name & Credentials if Desired



Reagan.Bratten@tsrh.org



scottishriteforchildren.org



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