



Pro Medical East

A GARDEN STATE MEDICAL SUPPLY COMPANY



**BRACING &
SPLINTING
CATALOG**

2019 / 2020

AUTHORIZATION TO BILL / BRACE REQUEST

CUSTOMER SERVICE AGREEMENT, AUTHORIZATION FOR PAYMENT, RELEASE OF INFORMATION, AND CUSTOMER INFORMATION

DATE _____

PLEASE SUBMIT WITH PATIENT FACESHEET

PATIENT INFORMATION

FACILITY NAME _____ FACILITY ADDRESS _____

REQUESTER (DOR/PT/OT/OTHER) NAME _____

PATIENT NAME _____

REHAB PAYER SOURCE MED A MED B OTHER DATE OF MED A DC _____ DATE OF DC TO HOME _____

ITEM INFORMATION

ITEM _____ SIZE _____ RIGHT LEFT BOTH

CATALOG USED _____ UNDERLYING CONDITION (S) _____

I am requesting this brace based on my recommendations and diagnosis listed above. I will fit and adjust the brace, if needed, on behalf of Pro Medical East or any of its affiliates.

REQUESTER (DOR/PT/OT/OTHER) SIGNATURE _____ DATE _____

I request that payment of authorized Medicare/Medicaid or other private insurance benefits be made on my behalf for products/services furnished to me by Pro Medical East or any of its affiliates.

I authorize the release of medical information and records to the Center for Medicare and Medicaid Services (CMS), its Agents, third party payers or other parties necessary within the ordinary course of ensuring compliance with applicable quality of care, licensure or accreditation standards. I further authorize release of any information to other persons (only as authorized by law) needed to determine these benefits payable for related services.

I understand that I am financially responsible for any charges not covered by other payers (Medicare/Medicaid and/or other insurances), including but not limited to the following:

- Annual deductible (if not met)
 - Medicare annual deductible for 2019 is \$185.00.
- Coinsurance
 - Medicare will cover 80% of the approved allowable charge. I am responsible for the 20% co-payment (if not covered by other payor sources.)
- Co-payments cannot be waived unless financial hardship is determined.
- Rental/purchase price for equipment and/or supplies (if not covered by present insurance).
- If I receive payment directly from an insurance company for products provided by Pro Medical East, it is my responsibility to forward payments and statements of paid services to them.

I may request a detailed statement of my account at any time by contacting the billing department at 732-657-9600.

I further verify that I have received information containing: Customer Bill of Rights and Responsibilities, Medicare Supplier Standards, General and emergency contact information, Customer Satisfaction Survey, HIPAA Privacy Notice, Capped Rental Information (Medicare Rentals), Company Grievance Process, Home and equipment safety information, equipment cleaning instructions (if applicable), prevention of infection, warranty information, the scope of services provided and possible associated fees. I understand my option to purchase or rent applicable DME items.

SIGNATURE

PATIENT SIGNATURE* _____ DATE _____

RELATIONSHIP (IF NOT CUSTOMER) _____ DATE _____

**if patient is unable to sign, please have the Admin/DON/DOR or POA sign, with their title and reason why patient is unable to sign*

Designed for Nursing Homes and Rehab Facilities

Pro Medical East and its affiliates* offer an off-the-shelf bracing and splinting program at no cost to the facility, in a quick and timely fashion.

BRACING PROCESS:

- 1. Facility** – Fill out the Auth To Bill/Brace Request Form (see page 2) and send back to Pro Medical East together with patient face sheet. Auth To Bill must be signed by the therapist and the patient[§].
- 2. Pro Medical East** – Complete eligibility check and confirm the brace request form is complete. Pro Medical East will then send a script for a Dr to fill and sign.
- 3. Facility** – Send signed script back to Pro Medical East.
- 4. Pro Medical East** – Ship out requested brace to facility. Braces are typically delivered in 1-3 days.

§If resident is unable to sign, please have the Admin/DON/DOR/Direct Patient Care RN or Direct Patient Care Therapist sign, add title and reason why resident is unable to sign.

MEDICARE PART A PROGRAM

Pro Medical East can deliver a brace for a patient on Medicare Part A if the patient will be discharged from their Part A stay. The Delivery Ticket must be signed within 2 days of discharge.

If resident is not nearing the end of their Part A stay, the facility is responsible to purchase a brace for the patient. Pro Medical East can provide a brace once patient is discharged, so the facility can save their purchased brace for future use.

PLEASE NOTE:

This catalog is non-vendor specific. Pictures in this catalog are for illustration purposes only.

The catalog does not cover all the braces and splints Pro Medical East carries. If there is a specific brace or brand required, please ask!

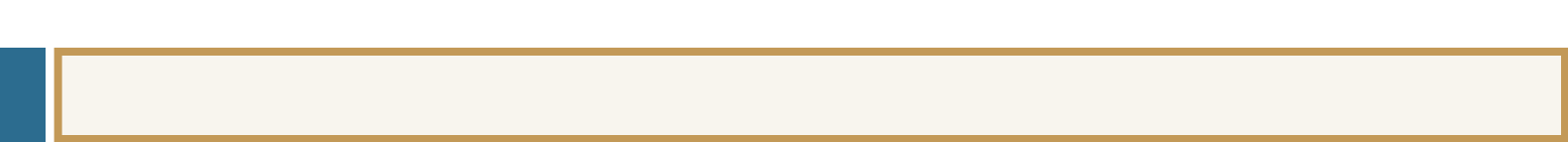
FOR MORE INFORMATION

Please contact us at:

Pro Medical East | (877) 303- 8050 **PHONE** | (732) 348-1150 **FAX**

Bracing@ProMedEast.com | **www.ProMedEast.com**

**Pro Medical East Affiliates include; E&D Holdings DBA Garden State Medical Supply, Simon Medical Services, and Rivas Medical Supply.*



KNEE

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SPINE / BACK

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ELBOW / SHOULDER

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RESTING HAND SPLINT

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WRIST / HAND

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HIP

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ANKLE / FOOT

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CAM WALKER / NIGHT SPLINT

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CERVICAL COLLAR

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KNEE

ROM HINGED PULL/SLEEVE KNEE BRACE

SUGGESTED HCPCS CODE
L1832/L1833



- Snap-in flexion and extension stops included
- Breathable, skin-friendly neoprene with polycentric hinges
- Pre-flexed design for anatomically contoured fit
- Pressure relieving, stabilizing patella shaped silicone buttress
- Soft popliteal knit prevents "bunching"

UNDERLYING CONDITIONS:

- Congenital Deformity of Knee Joint ▪ Pathologic Fracture of Femur/Tibia/Fibula ▪ Patella Fracture
- Rheumatoid Arthritis ▪ Derangement of Meniscus Due to Tear or Injury ▪ Chondromalacia of Patella
- Osteoarthritis

COVERAGE CRITERIA: (Patient must meet one of the following criteria)

- Recent knee injury or recent surgical procedure on knee
- Patient is ambulatory and has knee instability due to diagnosis

ID	SIZE	CIRC.*
11-0100	X-Small	12"-13"
11-0101	Small	13"-14"
11-0102	Medium	14"-15"
11-0103	Large	15"-17"
11-0104	X-Large	17"-19"

*Circumferential measurement 6" above mid-patella

ROM HINGED WRAP KNEE BRACE

SUGGESTED HCPCS CODE
L1832/L1833



- Wrap Design for customized fit
- Bilateral, Lightweight, Breathable
- Easy to set hinges, no tools needed

UNDERLYING CONDITIONS:

- Congenital Deformity of Knee Joint ▪ Pathologic Fracture of Femur/Tibia/Fibula ▪ Patella Fracture
- Rheumatoid Arthritis ▪ Derangement of Meniscus Due to Tear or Injury ▪ Chondromalacia of Patella
- Osteoarthritis

COVERAGE CRITERIA: (Patient must meet one of the following criteria)

- Recent knee injury or recent surgical procedure on knee
- Patient is ambulatory and has knee instability due to diagnosis

ID	SIZE
11-0200	Universal

HINGED PULL/SLEEVE KNEE BRACE (NON-ROM)

SUGGESTED HCPCS CODE
L1820



- Wrap-around straps secure uprights/hinges in position and minimize migration.
- Soft popliteal knit prevents "bunching"
- Perforated, breathable skin-friendly neoprene with polycentric hinges
- Pressure relieving, stabilizing patella shaped silicone buttress

UNDERLYING CONDITIONS: ▪ Chronic Knee Instability ▪ Rheumatoid Arthritis

- Pathologic Fracture of Femur/Fibia/Fibula ▪ Congenital Deformity of Knee Joint ▪ Osteoarthritis
- Patella Fracture ▪ Derangement of Meniscus due to Tear or Injury

COVERAGE CRITERIA:

- Ambulatory patient with weakness or deformity of the knee requiring stabilization

ID	SIZE	KNEE CIRC.*
11-0300	X-Small	12"-13"
11-0301	Small	13"-14"
11-0302	Medium	14"-15"
11-0303	Large	15"-17"
11-0304	X-Large	17"-19"

*Circumferential measurement 6" above mid-patella

HINGED WRAP KNEE BRACE (NON-ROM)

SUGGESTED HCPCS CODE
L1820



- Wrap Design for customized fit
- Bilateral, Lightweight, Breathable
- Universal Sizing for a customized fit

UNDERLYING CONDITIONS: ▪ Chronic Knee Instability ▪ Rheumatoid Arthritis

- Pathologic Fracture of Femur/Fibia/Fibula ▪ Congenital Deformity of Knee Joint ▪ Osteoarthritis
- Patella Fracture ▪ Derangement of Meniscus due to Tear or Injury

COVERAGE CRITERIA:

- Ambulatory patient with weakness or deformity of the knee requiring stabilization

ID	SIZE
11-0400	Universal

ID	SIZE	6" ABOVE KNEE CENTER
11-0900	X-Small	12"-13"
11-0901	Small	13"-14"
11-0902	Medium	14"-15"
11-0903	Large	15"-17"
11-0904	X-Large	17"-19"

SUGGESTED HCPCS CODE
L1843/L1851

OA WRAPAROUND KNEE BRACE

- 3-point fixation grasps medially and laterally for optimum off-loading force
- Adjustable flexion/extension control
- Low profile uprights, reduce hitting opposite knee especially for bi-lateral wearers
- Anterior/posterior calf/thigh straps secure uprights for proper alignment along sides of leg and helps prevent migration



UNDERLYING CONDITIONS:

- Osteoarthritis • Congenital Deformity of Knee Joint • Chondromalacia of Patella
- Multiple Sclerosis • Old Bucket Handle of Medial Meniscus • Pathologic Fracture of Femur/Tibia/Fibula
- Rheumatoid Arthritis

COVERAGE CRITERIA: (Patient must meet one of the following criteria)

- Recent knee injury or recent surgical procedure on knee
- Patient is ambulatory and has knee instability

ID	TYPE	SIDE	SIZE
11-1000	Medial	Right	Universal
11-1001	Medial	Left	Universal
11-1002	Lateral	Right	Universal
11-1003	Lateral	Left	Universal

SUGGESTED HCPCS CODE
L1843/L1851

UNLOADER OA KNEE BRACE

- Design with quick release snaps for easy on-off
- Three point knee pressure reduction system
- Varus and Valgus adjustment for perfect alignment
- Easily adjust hinge setting



UNDERLYING CONDITIONS:

- Osteoarthritis • Congenital Deformity of Knee Joint • Chondromalacia of Patella
- Multiple Sclerosis • Old Bucket Handle of Medial Meniscus • Pathologic Fracture of Femur/Tibia/Fibula
- Rheumatoid Arthritis

COVERAGE CRITERIA: (Patient must meet one of the following criteria)

- Recent knee injury or recent surgical procedure on knee
- Patient is ambulatory and has knee instability

ID	SIZE	6" ABOVE KNEE CENTER
11-1100	Small/Medium	18½"-23"
11-1101	Large/X-Large	22½"-28½"
11-1102	2XL/3XL	27½"-32½"

SUGGESTED HCPCS CODE
L1843/L1851

HINGED AIR UNLOADER OA KNEE BRACE

- Unique air bladder unloading
- Soft OA that reduces migration
- Single Upright ROM hinge
- Lightweight
- Comfortable
- Easy to use



UNDERLYING CONDITIONS:

- Osteoarthritis • Congenital Deformity of Knee Joint • Chondromalacia of Patella
- Multiple Sclerosis • Old Bucket Handle of Medial Meniscus • Pathologic Fracture of Femur/Tibia/Fibula
- Rheumatoid Arthritis

COVERAGE CRITERIA: (Patient must meet one of the following criteria)

- Recent knee injury or recent surgical procedure on knee
- Patient is ambulatory and has knee instability

ID	SIDE	SIZE	6" ABOVE KNEE CENTER
11-1200	Right	Small	15½"-18½"
11-1201	Left	Small	15½"-18½"
11-1202	Right	Medium	18½"-21"
11-1203	Left	Medium	18½"-21"
11-1204	Right	Large	21"-23½"
11-1205	Left	Large	21"-23½"
11-1206	Right	X-Large	23½"-26½"
11-1207	Left	X-Large	23½"-26½"

SUGGESTED HCPCS CODE
L1845/L1852

ACL ROM KNEE BRACE

- Sleek, low profile design
- Durable, lightweight aluminum construction
- Flexion (45°, 60°, 75°, 90°) and extension (0°, 10°, 20°, 30°, 40°) stops



UNDERLYING CONDITIONS:

- ACL Tear • Congenital Deformity of Knee Joint • Chondromalacia of Patella • Multiple Sclerosis
- Old Bucket Handle of Medial Meniscus • Pathologic Fracture of Femur/Tibia/Fibula
- Rheumatoid Arthritis • Osteoarthritis

COVERAGE CRITERIA: (Patient must meet one of the following criteria)

- Recent knee injury or recent surgical procedure on knee
- Patient is ambulatory and has knee instability due to diagnosis/stabilization

KNEE

FLEXION CONTRACTURE KNEE BRACE

SUGGESTED HCPCS CODE
L1831



- X strap for complete knee range of motion
- Adjustable dials lock in to apply mild stretch
- Side bars flex when patient draws inward, then brings the joint back to preset position
- Gradually reset dials to work joint toward normal alignment and re-lengthen shortened tissue

UNDERLYING CONDITIONS: ▪ Contracture of Knee

COVERAGE CRITERIA:

- Patient has flexion or extension contractures of the knee with movement on passive range of motion testing of at least 10 degrees

ID	SIZE	THIGH CIRC.	CALF CIRC.
11-0600	X-Small	8"-13"	7½"-11"
11-0601	Small	10"-15"	8"-12"
11-0602	Medium	13"-17"	10"-15"
11-0603	Large	16"-22"	14"-18"

FLEXION CONTRACTURE ROM AIR KNEE BRACE

SUGGESTED HCPCS CODE
L1831



- X strap for complete knee range of motion
- Air technology uses 2 air bladders at the back of the leg to redistribute skin pressure
- Bilateral hinged uprights work with the air bladders to continue to move the joint toward normal alignment
- Hinges can be removed for the most severe flexion contracture and added as the range improves
- Soft, breathable fabric helps keep the patient's leg cool and dry

UNDERLYING CONDITIONS: ▪ Contracture of Knee

COVERAGE CRITERIA:

- Patient has flexion or extension contractures of the knee with movement on passive range of motion testing of at least 10 degrees

ID	SIDE	SIZE	THIGH CIRC.	CALF CIRC.
11-0700	Right	Small	10"-15"	8"-12"
11-0701	Left	Small	10"-15"	8"-12"
11-0702	Right	Medium	13"-17"	10"-15"
11-0703	Left	Medium	13"-17"	10"-15"
11-0704	Right	Large	17"-22"	12"-17"
11-0705	Left	Large	17"-22"	12"-17"

HYPEREXTENSION KNEE BRACE

SUGGESTED HCPCS CODE
L1831



- Provides prolonged low load passive stretch and treats hyper extension of the knee
- Adjustable dials allow gradual changes to move the joint toward normal alignment
- Brace provides 3-point leverage similar to manual stretching improving range of motion
- Padding provides comfort and redistributes skin pressure
- High-temperature plastic cuffs can be remolded to custom fit the patient's upper and lower legs

UNDERLYING CONDITIONS: ▪ Contracture of Knee

COVERAGE CRITERIA:

- Patient has flexion or extension contractures of the knee with movement on passive range of motion testing of at least 10 degrees

ID	SIZE	THIGH CIRC.	CALF CIRC.
11-0800	X-Small	8"-13"	7½"-11"
11-0801	Small	10"-15"	8"-12"
11-0802	Medium	13"-17"	10"-15"
11-0803	Large	16"-22"	14"-18"

ID	SIZE	LENGTH*	SUGGESTED HCPCS CODE E1810	SPRING LOADED GONIOMETER KNEE ORTHOSIS
11-1500	Adult	7"		
11-1501	Adult Small	6"		

*Knee Crease to ankle or thigh

- Goniometer dial can be set to a range of flexion or extension in 5° increments
- Provides excellent support for flaccid or weak extremities and helps immobilize painful extremities
- Patented malleable splint spine can bend to the desired ROM and the cuffs can be adjusted for optimal fit

UNDERLYING CONDITIONS: Contracture of Knee

COVERAGE CRITERIA: (Patient must meet one of the following criteria)

- Patient has flexion or extension contractures of the knee with movement on passive range of motion testing of at least 10 degrees



ID	SIZE	SUGGESTED HCPCS CODE L1831	LOCKING PULL RING KNEE ORTHOSIS
11-0500	Universal		

- Easy to use pull ring and lock mechanism
- Six possible positions
- No additional tools necessary
- Removable, machine washable cover

UNDERLYING CONDITIONS: Contracture of Knee

COVERAGE CRITERIA:

- Patient has flexion or extension contractures of the knee with movement on passive range of motion testing of at least 10 degrees



ID	SIZE	STYLE	SUGGESTED HCPCS CODE L1830	EXOFORM KNEE IMMOBILIZER
11-1300	Universal	Full		
11-1301	Universal	Cool		

- Easy to fit with "slide to size" straps
- Dual cuffs and popliteal supports for exact immobilization
- Sleeve under brace for patient warmth
- Cool version available upon request
- Durable, comfortable and latex free

UNDERLYING CONDITIONS:

- Knee Derangement
- ACL Tear
- Congenital Deformity of Knee Joint
- Chondromalacia of Patella
- Old Bucket Handle of Medial Meniscus
- Pathologic Fracture of Femur/Tibia/Fibula
- Disruption of MCL
- Rheumatoid Arthritis
- Osteoarthritis

UNDERLYING CONDITIONS:

- Recent knee injury or recent surgical procedure on knee



ID	LENGTH	SUGGESTED HCPCS CODE L1830	E-Z KNEE IMMOBILIZER
11-1400	12"		
11-1401	16"		
11-1402	20"		
11-1403	24"		

- Universal sizing will fit most patients
- Elastic velcro straps allow for added compression
- Two movable stays for medial and lateral placement
- Contoured posterior stays for extra rigidity

UNDERLYING CONDITIONS:

- Knee Derangement
- ACL Tear
- Congenital Deformity of Knee Joint
- Chondromalacia of Patella
- Old Bucket Handle of Medial Meniscus
- Pathologic Fracture of Femur/Tibia/Fibula
- Disruption of MCL
- Rheumatoid Arthritis
- Osteoarthritis

UNDERLYING CONDITIONS:

- Recent knee injury or recent surgical procedure on knee



SPINE / BACK

BACK BRACE/LSO W/ RIGID REMOVABLE BACK AND SIDE PANELS

SUGGESTED HCPCS CODE
L0637/L0650

ID SIZE

12-0100 Universal



- Single pull compression system provides consistent support
- Fits comfortably under or over clothing
- Firm inserts provide anterior and posterior support
- Removable side wings and 14" back panel for customizable level of support
- Lightweight, breathable, and comfortable

UNDERLYING CONDITIONS:

- Osteoarthritis ▪ Spinal Stenosis ▪ Intervertebral Disc Disorders
- Sprain of Spine and/or Pelvis ▪ Radiculopathy ▪ Spondylosis

COVERAGE CRITERIA: (Patient must meet one of the following criteria)

- Reduce pain by restricting mobility of trunk
- Help heal injury to spine or related soft tissue
- Help heal post-surgery to spine or related soft tissue
- Supporting weak spinal muscles and/or deformed spine

BACK BRACE/LSO W/ RIGID REMOVABLE BACK PANEL

SUGGESTED HCPCS CODE
L0631/L0648

ID SIZE STYLE

12-0200	X-Small	26"-32"
12-0201	Small	32"-36"
12-0202	Medium	36"-40"
12-0203	Large	40"-44"
12-0204	X-Large	44"-48"
12-0205	2X-Large	48"-52"
12-0206	3X Large	52"-58"
12-0207	4X Large	58"-64"




- Lightweight low-profile design
- Removable 14" posterior panel for exact comfort
- Elastic compression pulls for support where needed
- Breathable mesh fabric


UNDERLYING CONDITIONS:


- Osteoarthritis ▪ Spinal Stenosis ▪ Intervertebral Disc Disorders
- Sprain of Spine and/or Pelvis ▪ Radiculopathy ▪ Spondylosis

COVERAGE CRITERIA: (Patient must meet one of the following criteria)

- Reduce pain by restricting mobility of trunk
- Help heal injury to spine or related soft tissue
- Help heal post-surgery to spine or related soft tissue
- Supporting weak spinal muscles and/or deformed spine

ID	SIZE	SUGGESTED HCPCS CODE L0456/L0457	TLSO
12-0300	Universal	<ul style="list-style-type: none"> Easy to use, lightweight and durable Adjustable posterior support, shoulder straps & thoracic support 4:1 Compression Ratio Available with ATE (HCPCS L0462) 	
		<p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Osteoarthritis Spinal Stenosis Intervertebral Disc Disorders Sprain of Spine and/or Pelvis <p>COVERAGE CRITERIA: <i>(Patient must meet one of the following criteria)</i></p> <ul style="list-style-type: none"> Reduce pain by restricting mobility of trunk Help heal injury to spine or related soft tissue Help heal post-surgery to spine or related soft tissue Supporting weak spinal muscles and/or deformed spine 	

ID	SIZE	SUGGESTED HCPCS CODE L1005	SCOLIOSIS BRACING SYSTEM
12-0400	Universal	<ul style="list-style-type: none"> Pulley system for easy adjustment Removable lateral iliac panel Multiple configuration options Universal sizing 	
		<p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Scoliosis Congenital Scoliosis due to Congenital Bony Malformation Kyphosis <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> Orthosis is for treatment of illness or injury or to improve spinal function. (Not preventative.) 	

ID	SIZE	STYLE	SUGGESTED HCPCS CODE L3660	FIGURE 8 CLAVICLE SPLINT
12-0500	Small	Child	<ul style="list-style-type: none"> Figure 8 design Fabric integrated D-rings eliminate strap twisting Extra padding where straps join at center back Provides support to injured/post op clavicle Helps improve posture 	
12-0501	Medium	Youth/ Small Adults		
12-0502	Large	Average Adult		
12-0503	X-Large	Large Adult		
			<p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Fracture of shaft of clavicle Fracture of Sternal end of Clavicle Stiffness of Shoulder not Elsewhere Classified <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> Orthosis is for treatment of illness or injury or to improve upper body (Not preventative.) 	

ELBOW / SHOULDER

GONIOMETER LOCKING ELBOW HAND ORTHOSIS

SUGGESTED HCPCS CODE
L3760 & L3807/L3809



- Length and cuffs easily adjust for custom fit
- Adjust flexion/extension of elbow without removing stays
- Brace can be set for pronation or supination
- Washable, removable terry cloth cover

UNDERLYING CONDITIONS (L3760):

- Contracture of Elbow ▪ Rheumatoid Arthritis ▪ Hemarthrosis of Elbow

UNDERLYING CONDITIONS (L3807/L3809):

- Rheumatoid Arthritis ▪ Contractures Wrist/Hand ▪ Fely's Syndrome of elbow ▪ Osteoarthritis ▪ Carpal Tunnel

COVERAGE CRITERIA:

- Item for treatment of illness or injury or to improve elbow function. (Not preventative.)

ID	SIZE	BICEP CIRC.
13-0200	Adult	11"-15"
13-0201	Adult Small	9"-12"

SHOULDER IMMOBILIZER WITH WAIST STRAP

SUGGESTED HCPCS CODE
L3670



- Soft cotton/poly blend for increased comfort
- Removable foam waist strap
- D-ring on strap for easy adjustment
- Fits right or left arm

UNDERLYING CONDITIONS:

- Fracture of Shaft of Clavicle ▪ Fracture of Sternal End of Clavicle ▪ Sprain of the Shoulder or Elbow
- Stiffness of Shoulder not Elsewhere Classified ▪ Elbow Fracture ▪ Ulna Fracture

COVERAGE CRITERIA:

- Orthosis is for treatment of illness or injury or to improve upper body (Not preventative.)

ID	SIZE	LENGTH
13-0600	Small	12½"
13-0601	Medium	15"
13-0602	Large	18"
13-0603	X-Large	19½"

SHOULDER ABDUCTION BRACE

SUGGESTED HCPCS CODE
L3960



- Aluminum waistband is moldable to patient torso and prevents anterior migration
- Brace positions include gunslinger, neutral plane and external rotation
- One-hand buckles ease patient reapplication
- Universal sling design to fit every patient with one brace
- Unique pistol grip adjusts with quick-pull tabs and keeps the arm from migrating forward out of the sling

UNDERLYING CONDITIONS:

- Frozen Shoulder ▪ Primary Osteoarthritis ▪ Shoulder Bicipital Tendinitis
- Shoulder Post Traumatic Osteoarthritis ▪ Impingement Syndrome ▪ Arthritis of Shoulder

COVERAGE CRITERIA:

- Orthosis is for treatment of illness or injury or to improve upper body function. (Not preventative.)

ID	SIZE
13-0700	Universal

HUMERAL FRACTURE SHOULDER BRACE

SUGGESTED HCPCS CODE
L3980



- lightweight, durable, and cannot absorb moisture
- Trimmable polyethylene and lined with closed-cell foam
- Allows a range of motion at the shoulder and elbow
- Available in over the shoulder version

- UNDERLYING CONDITIONS:**
- Fracture of shaft of Humerus ▪ Fracture of Surgical Neck of Humerus
 - Displaced Fracture of Tuberosity of Humerus

COVERAGE CRITERIA:

- Orthosis is for treatment of illness or injury or to improve upper body (Not preventative.)

ID	SIZE	MID-HUMERAL CIRC.
13-0800	X-Small	5"-7½"
13-0801	Small	7½"-9½"
13-0802	Medium	9½"-11½"
13-0803	Large	11"-15"
13-0804	X-Large	13"-18"

ELBOW / SHOULDER

ID	SIZE	SUGGESTED HCPCS CODE L3760/L3761	CONTRACTURE LOCKING ELBOW ORTHOSIS
13-0100	Adult		<ul style="list-style-type: none"> Assists with elbow extension Easy to use pull ring and lock mechanism Six possible positions No additional tools necessary <p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Contracture of Elbow • Rheumatoid Arthritis • Hemarthrosis of Elbow • Felty's Syndrome of Elbow <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> Item for treatment of illness or injury or to improve elbow function. (Not preventative.)



ID	SIZE	BICEP CIRC.	FOREARM CIRC.	SUGGESTED HCPCS CODE L3760/L3761	PADED ELBOW BRACE
13-0300	Small	8"-12"	7"-10"		<ul style="list-style-type: none"> Adjustable dials allow gradual changes to move joint toward normal alignment High-temperature plastic cuffs can be remolded to custom fit patient's upper and lower arms Flex Technology splint moves with the patient's abnormal muscle tone/spasticity Padding provides comfort and redistributes skin pressure Brace provides 3-point leverage similar to manual stretching, improving range of motion Lower cuff swivels to allow for varying degrees of flexion <p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Contracture of Elbow • Rheumatoid Arthritis • Hemarthrosis of Elbow • Felty's Syndrome of Elbow <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> Item for treatment of illness or injury or to improve elbow function. (Not preventative.)
13-0301	Medium	8"-13"	7½"-11"		
13-0302	Large	10"-15"	8"-12"		



ID	ARM	BICEP CIRC.	FOREARM CIRC.	SUGGESTED HCPCS CODE L3760/L3761	ROM PADED AIR ELBOW BRACE
13-0400	Right	8"-15"	7"-12"		<ul style="list-style-type: none"> Air technology uses an air bladder at the inside of the elbow, positioned parallel to the arm to redistribute skin pressure Bilateral hinged uprights work with the air bladders to continue to move the joint toward normal alignment Hinges can be removed for the most severe flexion and added as the range improves <p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Contracture of Elbow • Rheumatoid Arthritis • Hemarthrosis of Elbow • Felty's Syndrome of Elbow <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> Item for treatment of illness or injury or to improve elbow function. (Not preventative.)
13-0401	Left	8"-15"	7"-12"		



ID	SIZE	BICEP CIRC.	FOREARM CIRC.	SUGGESTED HCPCS CODE L3760/L3761	HYPEREXTENSION ROM ELBOW BRACE
13-0500	X-Small	7½" - 9½"	6½" - 8½"		<ul style="list-style-type: none"> Provides prolonged low load passive stretch and treats hyper extension of the elbow Adjustable dials allow gradual changes to move the joint toward normal alignment Brace provides 3-point leverage similar to manual stretching, improving range of motion Padding provides comfort and redistributes skin pressure <p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Contracture of Elbow • Rheumatoid Arthritis • Hemarthrosis of Elbow • Felty's Syndrome of Elbow <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> Item for treatment of illness or injury or to improve elbow function. (Not preventative.)
13-0501	Small	8"-12"	7"-10"		
13-0502	Medium	8"-13"	7½"-11"		
13-0503	Large	10"-15"	8"-12"		



RESTING HAND SPLINT

ADJUSTABLE GRIP HAND ORTHOSIS

SUGGESTED HCPCS CODE
L3915/L3916



- Below the wrist, swivel that allows for lateral and medial positions to accommodate for ulnar and radial deviation
- Two graduated finger rolls included
- Patented malleable frame can be bent-to-fit
- Ambidextrous

UNDERLYING CONDITIONS:

- Rheumatoid Arthritis
- Contractures Wrist/Hand
- Carpal Tunnel
- Osteoarthritis

COVERAGE CRITERIA:

- Item is for treatment of illness or injury or to improve wrist/hand function. (Not preventative.)

ID	SIDE	WRIST TO TIP OF MIDDLE FINGER
14-0100	Adult	7"-8"
14-0101	Adult Small	6"-7"

FLEX HAND GRIP ORTHOSIS

SUGGESTED HCPCS CODE
L3807/L3809



- Includes sized cones that allow a gradual increase of the hand/finger's range of motion
- Reverse cones and cylinders (rolls) are available upon request
- Thin palmar bar fits into the most tightly closed, fist hand
- Padding provides comfort and redistributes skin pressure

UNDERLYING CONDITIONS:

- Rheumatoid Arthritis
- Contractures Wrist/Hand
- Osteoarthritis
- Carpal Tunnel

COVERAGE CRITERIA:

- Item for treatment of illness or injury or to improve wrist/hand function. (Not preventative.)

ID	SIDE	TYPE
14-0200	Right	Regular Cones
14-0201	Left	Regular Cones
14-0202	Right	Reverse Cones
14-0203	Left	Reverse Cones
14-0204	Right	Cylinders
14-0205	Left	Cylinders

HAND AIR ORTHOSIS

SUGGESTED HCPCS CODE
L3807/L3809



- Malleable frame can be bent to fit
- Removable headliner cover is machine washable (Laundering Bag Included)
- Antimicrobial treated for skin breakdown prevention
- Can be locked into place with use of provided hex wrench to any degree of flexion or extension
- Gentle Air Bladder allows for gradual extension of the MP, DIP, And POP joints.

UNDERLYING CONDITIONS:

- Rheumatoid Arthritis
- Contractures Wrist/Hand
- Osteoarthritis
- Carpal Tunnel

COVERAGE CRITERIA:

- Item for treatment of illness or injury or to improve wrist/hand function. (Not preventative.)

ID	SIZE
14-0300	Universal

THUMBSEASE RESTING HAND SPLINT

SUGGESTED HCPCS CODE
L3807/L3809



- Wrist strap placement efficiently addresses wrist drop
- Wide strap conforms over the fingers and the back of the hand comfortably
- Thumb pocket without rigid base allows for use on severely contracted thumbs
- High-temperature plastic base can be remolded to continue the restorative process as the patient improves
- Comes with Velcro-on finger separators

UNDERLYING CONDITIONS:

- Rheumatoid Arthritis
- Contractures Wrist/Hand
- Osteoarthritis
- Carpal Tunnel

COVERAGE CRITERIA:

- Item for treatment of illness or injury or to improve wrist/hand function. (Not preventative.)

ID	SIDE	SIZE	WRIST TO FINGERS
14-0400	Right	X-Small	Up to 5"
14-0401	Left	X-Small	Up to 5"
14-0402	Right	Small	5"-6½"
14-0403	Left	Small	5"-6½"
14-0404	Right	Medium	6"-7"
14-0405	Left	Medium	6"-7"
14-0406	Right	Large	7"-8"
14-0407	Left	Large	7"-8"

RESTING HAND SPLINT

ID	TYPE	SIZE
14-0500	Deviation	Universal
14-0501	Goniometer	Universal

SUGGESTED HCPCS CODE
L3915/L3916

ADJUSTABLE HAND THUMB RESTING HAND SPLINT

- Available in 2 versions:
 - With below the wrist goniometer to allow various wrist positions
 - With below the wrist swivel to allow lateral and medial positions
- Progressively change wrist and finger positions and amount of wrist deviation by adjusting the internal frame and locking the frame's swivel with included hex wrench
- Side wings prevent ulnar/radial deviation
- Ambidextrous
- Available with optional finger separators



UNDERLYING CONDITIONS:

- Rheumatoid Arthritis • Contractures Wrist/Hand • Carpal Tunnel • Osteoarthritis

COVERAGE CRITERIA:

- Item is for treatment of illness or injury or to improve wrist/hand function. (Not preventative.)

ID	SIDE	SIZE
14-0600	Left	Universal
14-0601	Right	Universal

SUGGESTED HCPCS CODE
L3807/L3809

PALMER/FUNCTIONAL RESTING HAND SPLINT

- Addresses extensor tone in the hand
- Lightweight support for painful extremities
- Additional padding in the thumb pocket (included) allows gradual abduction of severely deformed thumbs
- Wide, contoured wrist strap conforms over and stays on the wrist
- Foam over aluminum base can be remolded to continue the restorative process
- Comes with Velcro-on finger separators



UNDERLYING CONDITIONS:

- Rheumatoid Arthritis • Contractures Wrist/Hand • Osteoarthritis • Carpal Tunnel

COVERAGE CRITERIA:

- Item for treatment of illness or injury or to improve wrist/hand function. (Not preventative.)

ID	SIDE	SIZE	WRIST TO FINGERS
14-0700	Right	Small	5"-6½"
14-0701	Left	Small	5"-6½"
14-0702	Right	Medium	6"-7"
14-0703	Left	Medium	6"-7"
14-0704	Right	Large	7"-8"
14-0705	Left	Large	7"-8"

SUGGESTED HCPCS CODE
L3807/L3809

DORSAL RESTING HAND SPLINT

- Lightweight support for painful extremities
- Additional padding in the thumb pocket (included) allows gradual abduction of severely deformed thumbs
- Wide, contoured wrist strap conforms over and stays on the wrist
- Foam over aluminum base can be remolded to continue the restorative process
- Comes with Velcro-on finger separators



UNDERLYING CONDITIONS:

- Rheumatoid Arthritis • Contractures Wrist/Hand • Osteoarthritis • Carpal Tunnel

COVERAGE CRITERIA:

- Item for treatment of illness or injury or to improve wrist/hand function. (Not preventative.)

ID	SIDE	SIZE	WIDTH OF MCP
14-1600	Right	Small	Up to 3"
14-1601	Left	Small	Up to 3"
14-1602	Right	Medium	Up to 3.5"
14-1603	Left	Medium	Up to 3.5"
14-1604	Right	Large	Up to 3.75"
14-1605	Left	Large	Up to 3.75"

SUGGESTED HCPCS CODE
L3807/L3809

COCK-UP WRIST SPLINT WITH ROLL

- Splint provides the wrist with cock-up position (~30° hyperextension) and free movement for the thumb and fingers.
- Finger extension roll can be added to provide stretching when desired
- High-temperature plastic base can be remolded as needed
- Thermal adaptive fabric helps to keep the patient's hand cool and dry



UNDERLYING CONDITIONS:

- Rheumatoid Arthritis • Contractures Wrist/Hand • Osteoarthritis • Carpal Tunnel

COVERAGE CRITERIA:

- Item for treatment of illness or injury or to improve wrist/hand function. (Not preventative.)

WRIST / HAND

HINGED WRIST HAND GRIP CONTRACTURE SPLINT

SUGGESTED HCPCS CODE
L3915/L3916

ID SIZE

14-1500 Universal



- Fingers position comfortably around cone
- Swivel joint at wrist allows for adjustments in wrist extension or flexion
- Optional/Removable finger separator provided
- Soft straps accommodate sensitive skin as well as slight fluctuations in edema and fragile skin
- Removable headliner cover is machine washable (Laundering bag included)

UNDERLYING CONDITIONS:

- Rheumatoid Arthritis ▪ Contractures Wrist/Hand ▪ Carpal Tunnel ▪ Osteoarthritis

COVERAGE CRITERIA:

- Item is for treatment of illness or injury or to improve wrist/hand function. (Not preventative.)

ADJUSTABLE WRIST HAND CONTRACTURE SPLINT

SUGGESTED HCPCS CODE
L3915/L3916

ID SIZE WRIST CIRC.

14-0800 Small Up to 7"

14-0801 Medium 7½"-8½"

14-0802 Large 9"-10"

14-0803 X-Large 10½"+



- Bilateral
- Adjustable locking hinge to increase wrist extension
- Lightweight, breathable, and comfortable
- Moldable aluminum core for a custom fit
- Fits comfortable over and under clothes

UNDERLYING CONDITIONS:

- Rheumatoid Arthritis ▪ Contractures Wrist/Hand ▪ Carpal Tunnel ▪ Osteoarthritis

COVERAGE CRITERIA:

- Item is for treatment of illness or injury or to improve wrist/hand function. (Not preventative.)

PREMIUM WRIST BRACE

SUGGESTED HCPCS CODE
L3908

ID SIDE SIZE WRIST CIRC.

14-0900 Right X-Small 4.5"-5.5"

14-0901 Left X-Small 4.5"-5.5"

14-0902 Right Small 5.5"-6.5"

14-0903 Left Small 5.5"-6.5"

14-0904 Right Medium 6.5"-7.5"

14-0905 Left Medium 6.5"-7.5"

14-0906 Right Large 7.5"-8.5"

14-0907 Left Large 7.5"-8.5"

14-0908 Right X-Large 8.5"+

14-0909 Left X-Large 8.5"+



- Lycra lined splint for moisture wicking comfort
- Removable palmer stay for exceptional support
- Velcro closure for perfect fit

UNDERLYING CONDITIONS: ▪ Carpal Tunnel Syndrome ▪ Wrist Instability ▪ Osteoarthritis ▪ Fracture of Wrist

COVERAGE CRITERIA:

- Item is for treatment of illness or injury or to improve wrist/hand function. (Not preventative.)

THUMB SPICA WRIST BRACE

SUGGESTED HCPCS CODE
L3807/L3809

ID SIDE SIZE WRIST CIRC.

14-1000 Right X-Small 5"-5¾"

14-1001 Left X-Small 5"-5¾"

14-1002 Right Small 5¾"-6.25"

14-1003 Left Small 5¾"-6.25"

14-1004 Right Medium 6.25"-6¾"

14-1005 Left Medium 6.25"-6¾"

14-1006 Right Large 6¾"-7¾"

14-1007 Left Large 6¾"-7¾"

14-1008 Right X-Large 7¾"+

14-1009 Left X-Large 7¾"+



- Memory foam laminate for ultimate patient comfort
- Malleable aluminum stays for customized fit
- Quick lace system
- Contoured, adjustable thumb-web strap
- Integrated cotton knit panel for ease of application


UNDERLYING CONDITIONS:


- Rheumatoid Arthritis ▪ Contractures Wrist/Hand ▪ Carpal tunnel ▪ Osteoarthritis ▪ Fracture of Wrist


COVERAGE CRITERIA:


- Item is for treatment of illness or injury or to improve wrist/hand function. (Not preventative.)

WRIST / HAND

ID	SIZE	SUGGESTED HCPCS CODE L3923/L3924	THUMB SPLINT
14-1100	Universal	<ul style="list-style-type: none"> Proprietary memory foam laminate Fabric integrated D-rings eliminate twisting Easily shaped 1st MCP stay achieves desired positioning Anatomically contoured fit for stabilization <p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Rheumatoid Arthritis Contractures Hand/Fingers Sprain of Thumb <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> Item is for treatment of illness or injury or to improve hand/fingers function. (Not preventative.) 	

ID	SIDE	SIZE	WRIST CIRC.	SUGGESTED HCPCS CODE L3908	CARPAL TUNNEL GLOVE
14-1200	Right	X-Small	6"-6¾"	<ul style="list-style-type: none"> Thermoskin glove allows for all day comfort Compression and heat therapy combined with rigid metal splint for control A perfect combination of a wrist splint with arthritis glove Velcro locking strap for perfect fit <p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Carpal Tunnel Syndrome Wrist Instability Osteoarthritis <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> Item is for treatment of illness or injury or to improve wrist/hand function. (Not preventative.) 	
14-1201	Left	X-Small	6"-6¾"		
14-1202	Right	Small	7"-7¾"		
14-1203	Left	Small	7"-7¾"		
14-1204	Right	Medium	8"-8¾"		
14-1205	Left	Medium	8"-8¾"		
14-1206	Right	Large	9"-10.25"		
14-1207	Left	Large	9"-10.25"		
14-1218	Right	X-Large	10"-75-11½"		
14-1209	Left	X-Large	10"-75-11½"		
14-1210	Right	2X-Large	11¾"+		
14-1211	Left	2X-Large	11¾"+		

ID	SIZE	MAX CIRC.	SUGGESTED HCPCS CODE L3924	CARROT HAND
14-1300	Small	5"	<ul style="list-style-type: none"> Effectively positions the contracted fingers away from the palm Smooth cotton cover packed with washable, absorbent wool fleece to help keep the hand cool and dry Conforms to the contracted hand to reduce flexor spasticity <p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Contractures Hand/Fingers <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> Item is for treatment of illness or injury or to improve hand/fingers function. (Not preventative.) 	
14-1301	Large	5¾"		

ID	SIDE	SIZE	SUGGESTED HCPCS CODE L3923/L3924	PALM GUARD WITH FINGER SEPARATORS
14-1401	Right	Universal	<ul style="list-style-type: none"> Soft webbing contours to the distortions and angulations that result from severe contractures Prevents palm injuries from severe finger flexion contractures <p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Rheumatoid Arthritis Contractures Hand/Fingers <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> Item is for treatment of illness or injury or to improve hand/fingers function. (Not preventative.) 	
14-1400	Left	Universal		

HIP KNEE AIR ORTHOSIS

SUGGESTED HCPCS CODE
L1652



- 4 air bladders (2 on each side) to redistribute skin pressure and gradually increase the hip's range of motion
- Wide cuff straps provide comfort, increasing likelihood of patient compliance
- Spreader Bar Assembly with 3 choices of abductor-bar length provides greater hip abduction when needed
- Hand-bulb air pump (included)
- Can be used in bed or a wheelchair

UNDERLYING CONDITIONS:

- Osteoarthritis
- Contractures of the Hip
- Hip Abduction
- Stress Fracture of Hip

COVERAGE CRITERIA:

- Item is for treatment of illness or injury or to improve. (Not preventative.)

ID	SIZE	THIGH CIRC.
15-0100	X-Small	6"-12"
15-0101	Small	11"-17"
15-0102	Large	16"-22"
15-0103	X-Large	21"-26"

OA UNLOADER HIP BRACE

SUGGESTED HCPCS CODE
L1690



- Comfortable Lycra, discreet under clothes
- Unique pulley system delivers compression where needed
- Control external hip rotation with rotation control strap

UNDERLYING CONDITIONS:

- Osteoarthritis of Hip
- Osteoarthritis Resulting from Hip Dysplasia
- Post Traumatic Osteoarthritis of Hip

COVERAGE CRITERIA:

- Item is for treatment of illness or injury or to improve function of hip. (Not preventative.)

ID	SIZE	GENDER	SIZE
15-0200	Small	Male	31"-35"
15-0201	Small	Female	31"-35"
15-0202	Medium	Male	35"-38"
15-0203	Medium	Female	35"-38"
15-0204	Large	Male	41"-45"
15-0205	Large	Female	41"-45"
15-0206	X-Large	Male	45"-49"
15-0207	X-Large	Female	45"-49"

POST OP HIP BRACE

SUGGESTED HCPCS CODE
L1686



- Designed to allow controlled hip flexion in 15 degree increments from -30 to 105 degrees
- Can be locked in any position from -30 to 60 degrees
- Malleable arms bend for abduction purposes
- Low profile design
- Malleable waist and leg cuffs

UNDERLYING CONDITIONS:

- Osteoarthritis of Hip
- Osteoarthritis Resulting from Hip Dysplasia
- Post Traumatic Osteoarthritis of Hip

COVERAGE CRITERIA:

- Item is for treatment of illness or injury or to improve function of hip. (Not preventative.)

ID	SIDE	SIZE	MESUREMENT
15-0300	Right	Regular	5'4" or taller
15-0301	Left	Regular	5'4" or taller
15-0302	Right	Short	Less than 5'4"
15-0303	Left	Short	Less than 5'4"

ANKLE / FOOT

ID	SIDE	SIZE	SHOE SIZE
16-0100	Right	X-Small	W: 6"-6½" M: <7"
16-0101	Left	X-Small	W: 6"-6½" M: <7"
16-0102	Right	Small	W: 7"-9½" M: 7"-8"
16-0103	Left	Small	W: 7"-9½" M: 7"-8"
16-0104	Right	Medium	W: 10"-11" M: 8½"-11"
16-0105	Left	Medium	W: 10"-11" M: 8½"-11"
16-0106	Right	Large	W: >11" M: >11½"
16-0107	Left	Large	W: >11" M: >11½"

SUGGESTED HCPCS CODE
L1951

POSTERIOR SPIRAL CARBON FIBER AFO

- True Spiral design. Lateral Strut spirals to medial aspect
- Posterior, one-piece, continuous strand design
- Super-flexible calf band accommodates a wide range of circumferences
- Weight Limit: 275 lbs.

UNDERLYING CONDITIONS:

- Drop Foot ▪ Contractures of Ankle and Foot ▪ Derangements of Ankle or Foot ▪ Osteoarthritis

COVERAGE CRITERIA:

- Item is for treatment of illness or injury or to improve. (Not preventative.)



ID	SIDE	SIZE	SHOE SIZE
16-0200	Right	X-Small	W: 6"-6½" M: <7"
16-0201	Left	X-Small	W: 6"-6½" M: <7"
16-0202	Right	Small	W: 7"-9½" M: 7"-8"
16-0203	Left	Small	W: 7"-9½" M: 7"-8"
16-0204	Right	Medium	W: 10"-11" M: 8½"-11"
16-0205	Left	Medium	W: 10"-11" M: 8½"-11"
16-0206	Right	Large	W: >11" M: >11½"
16-0207	Left	Large	W: >11" M: >11½"

SUGGESTED HCPCS CODE
L1932

ANTERIOR CARBON FIBER AFO

- Best choice for patients who pronate (valgus or eversion)
- Lateral Strut spirals to anterior aspect. One piece, continuous strand design
- "Y" proximal, anterior trim line relieves the tibia tuberosity area
- Super-flexible calf band accommodates a wide range of circumferences
- Weight Limit: 275 lbs.

UNDERLYING CONDITIONS:

- Drop Foot ▪ Contractures of Ankle and Foot ▪ Derangements of Ankle or Foot ▪ Osteoarthritis

COVERAGE CRITERIA:

- Patient is ambulatory with weakness or deformity of the foot and ankle requiring stabilization for medical reasons and has the potential to benefit functionally



ID	SIDE	SIZE	SHOE SIZE
16-0600	Right	Small	W: 5"-8" M: <6"
16-0601	Left	Small	W: 5"-8" M: <6"
16-0602	Right	Medium	W: 8½"-11" M: 6½"-9"
16-0603	Left	Medium	W: 8½"-11" M: 6½"-9"
16-0604	Right	Large	W: 11½"-13" M: 9½"-11"
16-0605	Left	Large	W: 11½"-13" M: 9½"-11"
16-0606	Right	X-Large	W: 13"+ M: 11½"+
16-0607	Left	X-Large	W: 13"+ M: 11½"+

SUGGESTED HCPCS CODE
L1930

FOOT DROP SPLINT

- Anatomical design compensates for atrophy and avoids calcaneus irritation
- To be used for mild to moderate drop foot
- Thin, flexible foot part can be trimmed with a pair of cast scissors
- Excellent fit for most types of shoes

UNDERLYING CONDITIONS:

- Drop Foot ▪ Contractures of Ankle and Foot ▪ Derangements of Ankle or Foot ▪ Osteoarthritis

COVERAGE CRITERIA:

- Patient is ambulatory with weakness or deformity of the foot and ankle requiring stabilization for medical reasons and has the potential to benefit functionally



ANKLE / FOOT

HINGED ANKLE BRACE WITH CALF SUPPORT

SUGGESTED HCPCS CODE
L1971



- Hard shell foot plate and adjustable calf cuff for support
- Soft inner liner for comfort
- Quick lace system for ease of use
- Detachable posterior calf panel included

UNDERLYING CONDITIONS:

- High Ankle Sprain ▪ Contractures of Ankle and Foot ▪ Derangements of Ankle or Foot ▪ Osteoarthritis

COVERAGE CRITERIA:

- Patient is ambulatory with weakness or deformity of the foot and ankle requiring stabilization for medical reasons and has the potential to benefit functionally

ID	SIDE	SIZE	SHOE SIZE
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16-0300	Right	Small	W: <9" M: <8"
16-0301	Left	Small	W: <9" M: <8"
16-0302	Right	Medium	W: 9½"-13" M: 8½"-12"
16-0303	Left	Medium	W: 9½"-13" M: 8½"-12"
16-0304	Right	Large	W: 12"+ M: 13½"+
16-0305	Left	Large	W: 12"+ M: 13½"+

HINGED ANKLE BRACE WITH FOOTPLATE

SUGGESTED HCPCS CODE
L1906



- Adjustable Velcro closures for perfect fit
- Full flexion ankle joints for ease of or restriction of motion
- Orthotic foot plate supports foot and ankle

UNDERLYING CONDITIONS:

- Sprain of Ankle or Foot ▪ Contractures of Ankle and Foot ▪ Derangements of Ankle or Foot ▪ Osteoarthritis

COVERAGE CRITERIA:

- Patient is ambulatory with weakness or deformity of the foot and ankle requiring stabilization for medical reasons and has the potential to benefit functionally

ID	SIDE	SIZE	SHOE SIZE
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16-0400	Right	X-Small	W: 4"-6"
16-0401	Left	X-Small	W: 4"-6"
16-0402	Right	Small	W: 7"-9" M: 4"-7"
16-0403	Left	Small	W: 7"-9" M: 4"-7"
16-0404	Right	Medium	W: 10"-12" M: 8"-10"
16-0405	Left	Medium	W: 10"-12" M: 8"-10"
16-0406	Right	Large	W: 13"-15" M: 11"-13"
16-0407	Left	Large	W: 13"-15" M: 11"-13"
16-0408	Right	X-Large	W: 15"+ M: 13"+
16-0409	Left	X-Large	W: 15"+ M: 13"+

QUICK LACE ANKLE BRACE

SUGGESTED HCPCS CODE
L1902



- Lightweight breathable construction
- Figure 8 design mimics ankle taping
- Quick-lace design for easy application

UNDERLYING CONDITIONS:

- Sprain of Ankle, Foot or Toes ▪ Derangement of Ankle ▪ Osteoarthritis
- Contracture of Ankle or Foot ▪ Plantar Fascial Fibromatosis


COVERAGE CRITERIA:


- Patient is ambulatory with weakness or deformity of the foot and ankle requiring stabilization for medical reasons and has the potential to benefit functionally


ID	SIZE	ANKLE CIRC.
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16-0500	X-Small	Up to 11"
16-0501	Small	11"-12"
16-0502	Medium	12"-13"
16-0503	Large	13"-14"
16-0504	X-Large	14"+

CAM WALKER / NIGHT SPLINT

ID	TYPE	SIZE	SHOE SIZE	SUGGESTED HCPCS CODE L4360/L4361	AIR CAM WALKER (HIGH OR LOW)
17-0100	High Top	X-Small	W: <5½"	<ul style="list-style-type: none"> ▪ Air bladders for customized compression ▪ Hook and fastening straps for quick, easy fitting and adjustments ▪ Velcro straps and padded insole for comfort and fit ▪ Fits either left or right foot <p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> ▪ Sprain-Ankle, Foot Fracture-Ankle, Foot, Toes ▪ Tendinitis ▪ Flexion Deformity ▪ Plantar Fasciitis ▪ Ankle Instability <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> ▪ Patient is ambulatory with weakness or deformity of the foot and ankle requiring stabilization for medical reasons and has the potential to benefit functionally 	
17-0101	Low Top	X-Small	W: <5½"		
17-0102	High Top	Small	W: 6"-8" M: 4½"-7"		
17-0103	Low Top	Small	W: 6"-8" M: 4½"-7"		
17-0104	High Top	Medium	W: 9"-11" M: 7½"-10"		
17-0105	Low Top	Medium	W: 9"-11" M: 7½"-10"		
17-0106	High Top	Large	W: 11½"-13½" M: 10½"-12½"		
17-0107	Low Top	Large	W: 11½"-13½" M: 10½"-12½"		
17-0108	High Top	X-Large	W: 13½"+ M: 12½"+		
17-0109	Low Top	X-Large	W: 13½"+ M: 12½"+		

ID	SIZE	SUGGESTED HCPCS CODE L4396 & L2210x2	EQUINUS BRACE
17-0200	Universal	<ul style="list-style-type: none"> ▪ Only dorsiflexion brace that fully extends the leg ▪ Ensures gastric-soleus stretch ▪ Controls ankle joint placement ▪ Engages windlass mechanism <p>UNDERLYING CONDITIONS: ▪ Contracture of Ankle ▪ Contracture of Foot ▪ Plantar Fascial Fibromatosis</p> <p>COVERAGE CRITERIA: (Patient must meet one of the following criteria)</p> <ul style="list-style-type: none"> ▪ Plantar Fasciitis ▪ All of the following: ▪ Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing (using Goniometer) of at least 10 degrees. ▪ Reasonable expectation of the ability to correct the contracture ▪ Contracture is interfering/expected to interfere significantly with functional abilities ▪ Splint is used as part of therapy program including active stretching of the involved muscles/tendons 	

ID	SIZE	SUGGESTED HCPCS CODE L4396/L4397	AMBULATING CONTRACTURE PODUS BOOT
17-0500	Universal	<ul style="list-style-type: none"> ▪ Flex Technology splint moves with the patient's abnormal muscle tone and spasticity for comfort and helps to relax the abnormal muscle tone ▪ Anti-rotation bar prevents rolling of the patient's leg ▪ Non-slip sole allows brief standing and walking ▪ Dorsiflexion assist (flex) straps (aid in proper alignment of the foot and adjustable tension helps to control plantar flexion) ▪ Toe support has "toe off" angle to assist in gait training and short ambulation ▪ Available in fleece lining ▪ Available with Flo Form <p>UNDERLYING CONDITIONS: ▪ Contracture of Ankle ▪ Contracture of Foot ▪ Plantar Fascial Fibromatosis</p> <p>COVERAGE CRITERIA: (Patient must meet one of the following criteria)</p> <ul style="list-style-type: none"> ▪ Plantar Fasciitis ▪ All of the following: ▪ Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing (using Goniometer) of at least 10 degrees. ▪ Reasonable expectation of the ability to correct the contracture ▪ Contracture is interfering/expected to interfere significantly with functional abilities ▪ Splint is used as part of therapy program including active stretching of the involved muscles/tendons 	

CAM WALKER / NIGHT SPLINT

POSTERIOR NIGHT SPLINT

SUGGESTED HCPCS CODE
L4396/L4397



- Essential treatment for alleviation of night time plantar fasciitis pain
- Three padded straps with buckles to ensure immobilization
- Dual tension straps allow for increased flexion and foot angle for the optimum pain-relieving stretch
- Lightweight night splint, low profile shell is sturdy and breathable for proper plantar fasciitis treatment

UNDERLYING CONDITIONS: ▪ Plantar Fascial Fibromatosis ▪ Contracture of Ankle ▪ Contracture of Foot

COVERAGE CRITERIA: (Patient must meet **one** of the following criteria)

- Plantar Fasciitis
- **All** of the following: ▪ Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing (using Goniometer) of at least 10 degrees. ▪ Reasonable expectation of the ability to correct the contracture ▪ Contracture is interfering/expected to interfere significantly with functional abilities ▪ Splint is used as part of therapy program including active stretching of the involved muscles/tendons

ID	SIZE	SHOE SIZE
17-0300	Small	W: <7" M: <6½"
17-0301	Medium	W: 7½"-10" M: 7-9½"
17-0302	Large	W: 10"+ M: 9½"+

DORSAL NIGHT SPLINT

SUGGESTED HCPCS CODE
L4396/L4397



- Soft, flexible brace
- Easily fasten and adjust with Velcro closures
- Gentle stretch provided through simple dorsiflexion strap
- Fits either left or right foot


UNDERLYING CONDITIONS: ▪ Plantar Fascial Fibromatosis ▪ Contracture of Ankle ▪ Contracture of Foot


COVERAGE CRITERIA: (Patient must meet **one** of the following criteria)


- Plantar Fasciitis
- **All** of the following: ▪ Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing (using Goniometer) of at least 10 degrees. ▪ Reasonable expectation of the ability to correct the contracture ▪ Contracture is interfering/expected to interfere significantly with functional abilities ▪ Splint is used as part of therapy program including active stretching of the involved muscles/tendons

ID	SIZE	SHOE SIZE
17-0400	Small/Medium	W: 7"-10" M: 7½"-9½"
17-0401	Large/X-Large	W: 10½"-11½" M: 10"-12½"

CERVICAL COLLAR

ID	SIZE	NECK CIRC.	SUGGESTED HCPCS CODE L0180	ELITE CERVICAL ORTHOSIS
18-0100	Small/Medium	11"-15"	<ul style="list-style-type: none"> Aluminum frame for lightweight support Vented for easy air flow MRI compatible Designed for full linear adjustment 	
18-0101	Large/X-Large	15"-20"		
			<p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Whiplash • Post-Operative Support • Fracture of Neck • Osteomyelitis of Vertebra • Cervicothoracic Region Spinal Stenosis • Cervical Disc Disorder with Radiculopathy/Myelopathy <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> Item is for treatment of illness or injury or to improve function of malformed body member. (Not preventative.) 	

ID	SIZE	NECK CIRC.	SUGGESTED HCPCS CODE L0172	CERVICAL COLLAR
18-0200	Small	10"-13"	<ul style="list-style-type: none"> Lightweight preformed foam with plastic Reinforcement for comfort and stability Two-piece collar easily adjusts Secured with Velcro closures Large trachea opening 	
18-0201	Medium	13"-16"		
18-0202	Large	16"-19"		
18-0203	X-Large	19"-23"		
			<p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Whiplash • Post-operative support • Fracture of neck • Osteomyelitis of vertebra • Cervicothoracic region Spinal Stenosis • Cervical Disc Disorder with Radiculopathy/Myelopathy <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> Item is for treatment of illness or injury or to improve function of malformed body member. (Not preventative.) 	

ID	SIZE	FOREHEAD TO SHOULDER	SUGGESTED HCPCS CODE L0113	KENTUCKY COLLAR
18-0300	3X-Small	2"-3"	<ul style="list-style-type: none"> Provides low load passive stretch to increase range of motion. Comfortably, safely correct side leaning of head/neck Design allows tension to relax Remold to gradually correct neck posture Optional forehead strap available 	
18-0301	2X-Small	2½"-3½"		
18-0302	X-Small	3"-4"		
18-0303	Small	4"-5"		
18-0304	Medium	5"-6"		
18-0305	Large	6"-7"		
18-0306	X-Large	7"-9"	<p>UNDERLYING CONDITIONS:</p> <ul style="list-style-type: none"> Torticollis • Whiplash • Post-operative support • Fracture of neck • Osteomyelitis of vertebra Cervicothoracic Region • Spinal Stenosis • Cervical Disc Disorder with Radiculopathy/Myelopathy <p>COVERAGE CRITERIA:</p> <ul style="list-style-type: none"> Item is for treatment of illness or injury or to improve function of malformed body member. (Not preventative.) 	



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