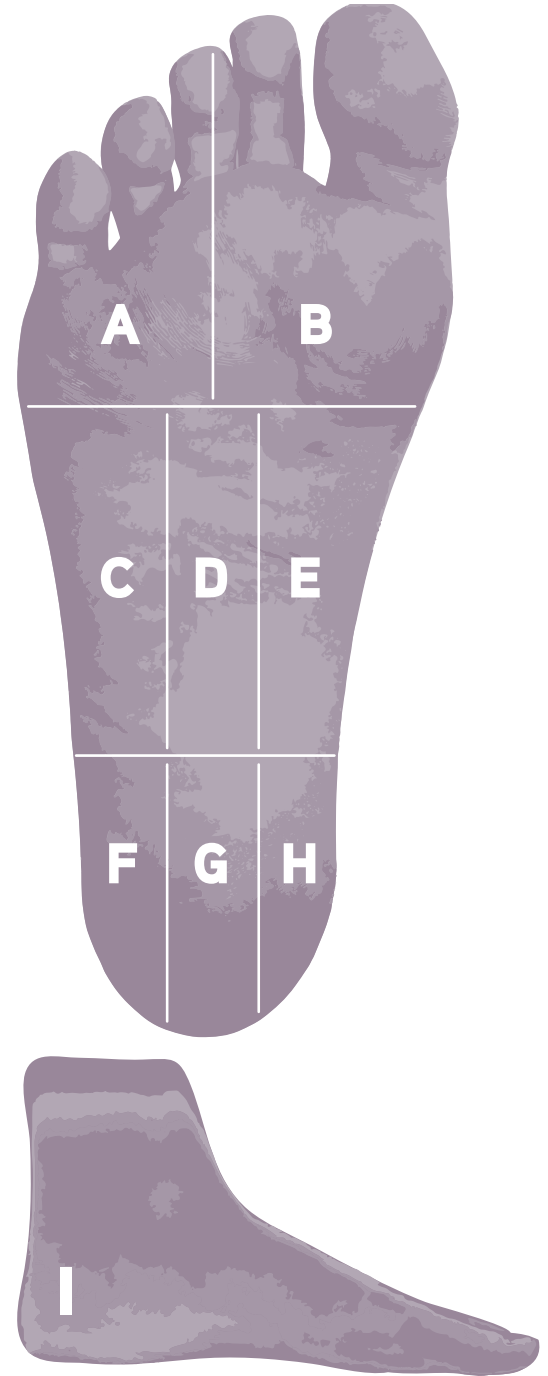


Wound Site ICD-10 Reference Chart



	Possible Diagnosis	ICD-10*
A	Lateral side of forefoot between 3rd–5th metatarsals and distal toes	
	Equino-varus deformity	M21.549
	Forefoot inversion	M21.6X9
	Forefoot adduction	M21.6X9
	Achilles tendon contracture	M24.573
	Dropfoot deformity	M21.6X9
B	Medial side of forefoot 1st–3rd metatarsals and distal toes	
	Posterior tibial tendon dysfunction	M76.829
	Ankle valgus deformity	M21.6X9
	Severe pes planus	Q66.50
	Equino-valgus deformity	M21.6X9
	Achilles tendon contracture	M24.573
C	Lateral side of midfoot	
	Equino-Varus Deformity	M21.549
	Forefoot Inversion	M21.6X9
	Forefoot Adduction	M21.6X9
D	Midline region of midfoot	
	Charcot foot deformity	M14.60
	Posterior tibial tendon dysfunction	M76.829
	Severe pes planus	Q66.50
E	Medial side of midfoot	
	Posterior tibial tendon dysfunction	M76.829
	Charcot foot deformity	M14.60
	Severe pes planus	Q66.50
F	Lateral side of heel between posterior heel and cuboid	
	Ankle varus deformity	M21.6X9
	Ankle instability	M21.6X9
	Forefoot adduction	M21.6X9
G	Midline region of heel between posterior heel and cuneiforms	
	Dropfoot deformity	M21.6X9
	Cavus foot	M21.6X9
	Posterior tibial tendon dysfunction	M76.829
H	Medial side of heel between posterior heel and navicular	
	Ankle varus deformity	M21.6X9
	Ankle instability	M21.6X9
	Forefoot adduction	M21.6X9
I	Posterior side of heel	
	Dropfoot deformity	M21.6X9
	Posterior tibial tendon dysfunction	M76.829



*Diagnosis code sets are recommended guidelines only. It is the responsibility of the dispensing clinician to determine appropriate medical diagnoses based on established practices, laws, and Medicare/Medicaid regulations.

OWLS[®] Coding Recommendations*

WHO™, Heel Relief • part number 136.02

WHO, Forefoot w/ Solid Ankle • part number 136.03

WHO, Midfoot • part number 136.05

WHO, Chopart/Lisfranc • part number 136.06

Billing Codes*	Medicare Ceiling	Medicare Floor
L1960	\$658.79	\$494.09
L2340	\$531.19	\$398.40
L2820	\$103.22	\$77.41
L2275	\$149.06	\$111.80
L2232	\$111.12	\$83.34
L3002†	\$183.39	\$137.54
Total	\$1,736.77	\$1,302.58

WHO, Forefoot w/ Articulated Ankle • part number 136.04

Billing Codes*	Medicare Ceiling	Medicare Floor
L1970	\$845.72	\$634.29
L2340	\$531.19	\$398.40
L2210	\$79.89	\$59.92
L2820	\$103.22	\$77.41
L2275	\$149.06	\$111.80
L2232	\$111.12	\$83.34
L3002†	\$183.39	\$137.54
Total	\$2,003.59	\$1,502.70

CLAW™ • part numbers 138.01–138.12

Billing Code*	Medicare Ceiling	Medicare Floor
L2370	\$307.24	\$260.43
L2999‡	IC†	IC†

L2999 – Similar to L5910, tri-planar Alignable system for lower extremity AFO/KAFO foot/ankle

The CLAW is available as an upgrade to any OWLS WHO or shark-o design for patients up to 350 pounds. Add-ons are not available for L4631 as it is an all inclusive code.

ADO™ • part number 136.01

Billing Codes*	Medicare Ceiling	Medicare Floor
L1940	\$587.78	\$440.84
L2275	\$149.06	\$111.80
L2820	\$103.22	\$77.41
L2280	\$538.18	\$403.64
Total	\$1,378.24	\$1,033.69

shark-o™ • part number 136.10

Billing Code*	Medicare Ceiling	Medicare Floor
L4631	\$1,763.50	\$1,322.63

Medicare Guideline for use of an AFO on ambulatory beneficiaries and ICD-10 codes for use with HCPCS codes L1940; L1960, and L1970

Ankle-foot orthoses (AFO) are covered for ambulatory beneficiaries with weakness or deformity of the foot and ankle, when the beneficiaries require stabilization for medical reasons, and, have the potential to benefit functionally.

AFOs that are custom-fabricated are covered for ambulatory beneficiaries when the basic coverage criteria listed above and one of the following criteria are met:

1. The beneficiary could not be fit with a prefabricated AFO; or,
2. The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); or,
3. There is a need to control the knee, ankle or foot in more than one plane; or,
4. The beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or,
5. The beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

If a custom fabricated orthosis is provided but basic coverage criteria above and the additional criteria 1-5 for a custom fabricated orthosis are not met, the custom fabricated orthosis will be denied as not reasonable and necessary.

For any beneficiary using the OWLS orthoses, all diagnoses must be identified to give a complete and accurate clinical picture. For the majority of beneficiaries with ulcerations, the beneficiaries usually have other conditions such as dysvascular and/or neuropathic disorders. Beneficiaries with these conditions often experience changes in the biomechanics of their joints and/or have developed compensatory malalignment and gait deviations that lead to ulcer development. Beneficiaries typically have orthopedic pain and functional disabilities making them more susceptible to injury due to a fall. The OWLS orthoses are designed to treat the disrupted biomechanics of the beneficiary, not just the ulcer.

* HCPCS Codes (e.g., L-codes) listed with each product are recommended guidelines only. It is the responsibility of the dispensing clinician to determine appropriate billing codes based upon established practices, laws and Medicare/Medicaid regulations. Individual DME MACS for the Medicare Program must be consulted to insure that the product meets necessary criteria for coverage/reimbursement in that particular region. Medicare Ceiling & Floor is based on the 2016 Schedule.

† For Medicare Patients, please use A5513 instead of L3002. Consult the Local Carrier Determination (LCD) from the DME MAC contractor in the applicable region for more information.

‡ Individual Consideration