Clinical Practice Guideline: **Orthotic Training and Evaluation**

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GUIDELINES

American Specialty Health – Specialty (ASH) considers orthotic training and evaluation when performed by an appropriately trained healthcare professional as medically necessary when the history and physical exam findings justify the necessity of further training and/or evaluation on the effectiveness of the orthotic(s), beyond what is included in the Evaluation and Management (E/M) service, or for practitioners not performing E/M services, beyond the evaluation/re-evaluation service.

INTRODUCTION

An orthosis or "orthotic" is an orthopedic appliance or apparatus used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body.

An orthotic includes rigid and semi-rigid components that are used to brace or support a weak or deformed body member or restrict or eliminate motion in a diseased or injured part of the body. (Elastic stockings, garter belts, neoprene braces and similar devices do not come within the scope of the definition of a brace.) According to Healthcare Finance Administration (HCFA) Ruling 96-1, the "orthotics" benefit is limited to leg, arm, back, and neck braces that are used independently rather than in conjunction with, or as components of, other medical or non-medical equipment.

When determining the appropriate orthotic for a patient, the practitioner targets the problems in performance of movements or tasks, or identifies a part that requires immobilization, and selects the most appropriate orthotic device. The practitioner then fits the device and trains the patient and/or caregivers in its proper use and application. The goal is either to promote indicated immobilization or to assist the patient to function at a higher level by decreasing functional limitations or the risk of further functional limitations.

An orthotic may be prefabricated or custom-fabricated. A *prefabricated* orthotic is one that is manufactured in quantity and then modified for a specific patient's needs. A prefabricated orthotic may be trimmed, bent, molded (with or without heat), or otherwise modified for use by a specific patient (i.e., custom fitted). An orthotic that is assembled from prefabricated components is considered prefabricated.

A *custom* fabricated orthotic is one that is individually made for a specific patient starting with basic materials (e.g., plastic, metal, leather, or cloth) from the patient's individualized measurements. A molded-to-patient model orthotic is a particular type of custom fabricated orthotic in which an impression of the specific body part is made, and the impression is then used to make a positive model. The orthotic is molded from the patient-specific model.

ORTHOTIC MANAGEMENT AND TRAINING

Orthotic training may include teaching patients how to: 1) place and remove the orthosis; 2) maintain a schedule for wearing the orthosis; 3) perform tasks while wearing the device; and 4) care for the skin over the area of device contact. For other patient situations however, a full patient evaluation may be needed to develop the appropriate treatment plan in addition to an assessment related to determining the specific orthotic.

For example, a practitioner evaluates a patient for a wrist-hand orthotic with possible continued therapy. The practitioner spends 35 minutes evaluating the patient which includes the history, subjective complaints, prior and current functional levels, ROM, strength, sensation, skin integrity, and ADL assessment. This time would be assigned to the practitioner evaluation. The practitioner then begins the assessment of the patient for the orthotic which includes determining the need for the orthotic and the type of orthotic, subsequently fabricating the appropriate device and fitting it to the patient. This time, which takes 45 minutes, would be reimbursed under the L code. The practitioner spends an additional 20 minutes training the patient in the wearing schedule of the orthotic, skin care and exercises to be performed while the orthotic is in place. These 20 minutes would be assigned to code 97760 for the training component.

Orthotic management/training during follow-up visits includes exercises performed in the orthotic, instruction in skin care and orthotic wearing time, and time associated with modification of the orthotic due to healing of tissues, change in edema, or interruption in skin integrity. An orthotic must also be medically necessary for the patient's condition. The documentation must justify the need for skilled qualified professional/auxiliary personnel to train the patient (97760) in the use and care of the orthotic, which in turn is transitioned to the patient or the caregiver. An orthotic provided for positioning and/or increasing range of motion in a non-functional extremity must include documentation that the unique skills of a therapist are required to fit and manage the orthotic and that the orthotic is medically necessary for the patient's condition.

For **uncomplicated** conditions, the following services would not be considered reasonable and necessary as they would not require the unique skills of a practitioner.

- Issuing off-the-shelf splints for foot drop or wrist drop
- Issuing off-the-shelf foot or elbow cradles for routine pressure relief (these are not considered orthotics)

- Issuing "carrots" (i.e., cylindrical, cone-shaped forms) or towel rolls for hand contractures for hygienic purposes
- Bed positioning (e.g., pillows, wedges, rolls, foot cradles to relieve potential pressure areas)

Repetitive range of motion prior to placing an orthotic/positioner to maintain the range of motion is not reasonable and necessary when the therapeutic intent is primarily to maintain range of motion within a chronic condition. Ongoing therapy visits for increasing wearing time are generally not reasonable and necessary when patient problems related to the orthotic have not been observed. Ongoing visits by the qualified professional/auxiliary personnel to apply the device would be considered monitoring. Once the initial fit is established, any further visits should be used for specific documented problems and modifications that require skilled therapy (CPT® 97763).

It is reasonable to require 1-3 visits to fit and educate the patient or caregiver. The medical necessity of any further visits must be supported by documentation in the medical record.

CPT® code 97760 is not for prefabricated/commercial (i.e., off the shelf) components such as a lumbar roll, non-customized foam supports/wedges (e.g., heel cushions), or multi-podus boots. Such components do not require the skills of a practitioner. Minor modifications to prefabricated orthotics do not constitute a customized orthotic. In addition, taking measurements to obtain custom fitted burn or pressure garments does not fit the definition of an orthotic.

SUPPORTIVE DOCUMENTATION RECOMMENDATIONS

- A description of the patient's condition (including applicable impairments and functional limitations) that necessitates an orthotic
- Any complicating factors, the specific orthotic provided and the date issued
- A description of the skilled training provided
- The patient's response to the orthotic

CHECKOUT FOR ORTHOTIC USE

These assessments, CPT® code 97763, are intended for established patients who have already received their orthotic device. These assessments of the response to wearing the device may be reasonable and necessary when patients experience a loss of function directly related to the device (e.g., pain, skin breakdown, and falls). This code includes the patient's response to wearing the device, whether the patient is putting on or removing the device correctly, the patient's need for padding, under-wrap, or socks, and the patient's tolerance to any dynamic forces being applied. If the checkout assessment resulted in the need for further training in the use of the orthotic, code 97760 would be appropriate for the training.

These assessments may not be considered reasonable and necessary when a device is newly issued or when a device is reissued or replaced after normal wear and no modifications are needed. Documentation must clearly support the need for more than 2 visits for the checkout assessment.

SUPPORTIVE DOCUMENTATION RECOMMENDATIONS

- Reason for assessment
- Findings from the assessment
- Specific device, modifications made, and instruction given

HANDLING OF DEVICE: IMPLEMENTATION OF ORDER

The CPT® code book describes 99002 as "Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (e.g., designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional." A practitioner may use this code for the processing of an orthotic which was ordered through another laboratory and then fitted by the practitioner.

CPT® Code	CPT® Code Description
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education training and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine if they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is best practice for the practitioner to appropriately render services to a patient only if they are trained to competency, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the patient to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a patient's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is essential for the practitioner to refer the patient for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for information.

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