

Ankle Dorsiflexion Assist Systems

Available in Three Configurations

- § Gait Trainer System* (see following page for coding specifics)
- § Sleeping System
- § Combination System (includes both Gait Trainer and Sleeping Systems)



Sleeping System

Indications/Conditions

- ü Calf muscle contracture or contracture potential; “drop foot”; gait issues; equinus deformity or functional equinus gait (toe walking)
- ü Knee hyper-extension related to limited ankle dorsiflexion ROM
- ü Swing-phase: correctable foot supination
- ü Stance phase: correctable foot pronation or supination

In the presence of the following problems and diagnoses:

Note: This list is not all-inclusive – other diagnoses or indications may apply for which the TheraTogs DFA systems would be indicated.

- ü Cerebral palsy (Combination System)
- ü Traumatic Brain Injury – acute, post-acute, and chronic phases (Combination System)
- ü Hemiplegia due to Stroke – acute, post-acute, and chronic phases (Combination System)
- ü Multiple Sclerosis (Combination System)
- ü Congenital Equinus Deformity (Combination System)
- ü Plantar fasciitis (Sleeping System)
- ü Longstanding foot pronation (pes valgus/pes planus) (Sleeping System)
- ü Idiopathic Toe Walking (Combination System)
- ü Talipes Equinovarus (flexible type) (Combination System)

Possible Coding Options for Ankle DFA

The following coding options may be applicable when seeking insurance reimbursement for TheraTogs Ankle Dorsiflexion Assist System from various third party payers.

Note: Coding options vary for all payers. For instance, “T” codes are intended for use by Medicaid agents *only*. However, some Medicaid agents do not use “T” codes, instead they require use of an “L” code. For that reason, we recommend each payer (Medicaid, Medicare and commercial payers) be contacted for their coding requirements for TheraTogs *prior* to submitting a claim.

Code	Descriptor
*A9270	Noncovered item or service <i>(This code has been indicated by Medicare as the correct code for the Gait Trainer Model of the DFA System..)</i>
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)
L1902	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment
L1930	AFO, plastic or other material, prefabricated, includes fitting and adjustment
L2999	Lower extremity orthoses, NOS
L4398	Foot drop splint, recumbent positioning device, prefabricated, includes fitting & adjustment
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in remarks <i>(Note: Medicaid only code)</i>
T2028	Specialized supply, not otherwise specified, waiver <i>(Note: Medicaid only code)</i>
T2029	Specialized medical equipment, not otherwise specified, waiver <i>(Note: Medicaid only code)</i>
Note: Clinicians may bill for the training & fitting of the orthosis using the CPT codes below if the code used to describe the TheraTogs system does not include the phrase “includes fitting and adjustment”.	
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes

TheraTogs DFA: Supporting Documentation for Payers

Many payers will require written documentation pertaining to the use of TheraTogs. It will be important to explain why TheraTogs is preferred over other orthotic devices. The following information may be useful when preparing a letter of medical necessity for the insurance company.

DFA Product Information

The Ankle Dorsiflexion Orthotic Systems are offered in three models:

The Gait Trainer System

- Designed for use in clinic and to be worn over a shoe
- Allows the clinician to position the ankle and foot during gait training in therapy, and to preview the effects of an AFO with DF assist and free plantarflexion (PF)



Gait Trainer

Unique Features

- **Simplicity.** This temporary DF-assist device is made of elasticized, foam-lined, comfortable components that are easy to apply in less than 2 minutes. The DF assist strap attaches to a precut calf cuff and a durable, flexible, Velcro-sensitive shoe mount.
- **Neuromotor Training.** Improves ankle motion in the swing phase of gait and during the early stance phase without “taking over” for the DF musculature. The attending clinician can easily “tune” the DF - assist tension to accommodate changes in ankle function.
- **Orthotic Evaluation.** This system provides the clinician an opportunity to preview the effectiveness of a comparable orthotic device designed to allow ankle PF and to assist ankle DF.

The Sleeping System

§ Designed for calf muscle contracture prevention or management.

§ Implements the well-known strategy of applying low-load, prolonged elongation to shortened – and to potentially-shortened - soft tissues to promote physiologic adaptation.

Unique Features

- **Midtarsal Joint Support.** Unlike other prefabricated sleeping splints, the TheraTogs system features elasticized and adjustablemidtarsal joint support as an essential component. The straps can be applied to gently bias the foot position in favor of corrective supination or pronation if those motions are readily available.
- The optional toe-supporting DF Split Strap adds more midfoot stabilization while applying gentle elongation to the calf musculature and plantar fascia.
- **Alternative Forefoot Support.** The Forefoot Cuff can be used to add the ball of the foot to the system, reducing pressure on the large toe.

The Combination System

- Includes both the Gait Trainer and Sleeping Systems, and unique benefits and features thereof.

SUPPLEMENTAL SAMPLE APPEAL LETTER – MEDICAL NECESSITY

Re: Client:
Birth Date:

Diagnosis:
Relevant medical/surgical history:

Parent/Guardian (if applicable):
Group #
Insured SS#:

I am seeking (preauthorization / predetermination of coverage), on behalf of (insert client name), for the provision of a TheraTogs (insert TheraTogs System recommended), and hope that the following information will be useful when making your decision.

TheraTogs undergarment and strapping systems are designed to provide the wearer with day-long carry-over and functional practice of successes in postural and joint alignment achieved during a therapy session. New studies on neuromotor re-education emphasize the need for practice – literally thousands of repetitions - to acquire new skills. To gain optimum posture and function, therefore, thousands of repetitions of movements must occur in optimum alignment. TheraTogs accomplish this objective with specialized, elastic fabrics that foster active rather than passive correction. Please refer to Table 1 on page 3 of this document for a review of (client's name's) current impairments, functional deficits, risk factors, rehabilitation goals, and rationale for this request.

My client currently uses (insert applicable DME equipment or supplies), that contribute(s) to (my client's) welfare by (explain benefits to support their previous funding), but which has failed to meet (his/her/the family's/my) rehabilitation goals. On the basis of the results observed in the clinical trial that we undertook using a TheraTogs clinical sizing kit, I am requesting TheraTogs (insert name of TheraTogs System recommended) ___ as an appropriate treatment modality in the next step of (his/her) rehabilitation program.

List modalities or strategies previously tried and note any lack of success.

TheraTogs were designed to address problems of posture and movement that are multifactorial and complex. The attending clinician identifies key issues and supervises the use of corrective strapping. No other commercially available products satisfy the objectives of effecting immediate, problem-specific improvement in all-day posture and joint alignment with essential adaptability to support treatment goals.

Supporting Clinical Data:

(NOTE: Use comparative GMFM –66, footprint studies, gait velocity, hand use, or ADL testing to identify gains observed during the TheraTogs trial, and report them here.) (Client's name) is expected to experience the following physiologic benefits: (Insert additional benefits such as musculoskeletal, GI, respiratory, nutrition, etc).

I anticipate that my client will require the use of TheraTogs for (insert expected frequency and duration of use). TheraTogs systems provide for some growth adjustments.

Strong statement should be made regarding gains observed (comparative data is your strongest argument) and expected with TheraTogs. This portion of the letter must address medical and/or safety justification for the client, not ease for caregivers.

The following is a list of code(s) and typical cost of the TheraTogs product I am recommending.

TheraTogs Charges

Code	Description	Est. Cost
LXXXX	<i>Specific HCPCS device code descriptor here</i> Note: Example only – see Coding Chapter for specific coding options	

I am sure you will agree that (Insert client name) is an ideal candidate for use of the TheraTogs (insert name of TheraTogs System recommended). If you have further questions regarding this request for preauthorization, please contact me at (insert).

Sincerely,

Cynthia Clinician, PT
(Your Contact Info here)



DISCLAIMER

Third party payment is influenced by many factors, not all of which can be anticipated or resolved by TheraTogs, Inc. The information contained in this guide was gathered from a variety of third party sources and is intended to provide general information only. TheraTogs, Inc. makes no statement, promise, express or implied warranty or guarantee (i) that the list of codes and narratives is complete or error-free, (ii) that the use of this information will prevent differences of opinions or disputes with payers, (iii) that these codes will be covered, or (iv) that the provider will be guaranteed reimbursement.

Readers of this document are advised that the contents of this manual are to be used as guidelines only and are not to be construed as policies of TheraTogs, Inc. TheraTogs, Inc. recommends this information be integrated with your payer guidelines, adjusting where necessary to meet the payer's billing requirements. This information is provided by TheraTogs, Inc. as a guide for coding TheraTogs products. It is not intended to increase or maximize reimbursement by any payer. This information is intended to assist providers in accurately obtaining coverage and reimbursement for their health care services. Providers assume full responsibility for all reimbursement decisions or actions. As with all procedures and services, you should: 1) perform the service or procedure; 2) document the service or procedure; 3) code the service, procedure and/or orthotic system or device; and 4) bill for the service, procedure, and/or orthotic system or device.

TheraTogs, Inc. assumes no responsibility for consequences attributable to or related to any use or interpretation of any information or views contained or not contained in this report. Each claim should be coded appropriately and supported with adequate documentation in the medical record. The codes listed are merely examples of codes, they are not necessarily correct coding.

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