Will My Insurance Help Pay for the Iowa Brace?

A simple guide for families using information from the Iowa Brace Insurance Billing & Coverage Guide.

Possibly - coverage depends on your insurance plan.
The guide recommends checking Durable Medical Equipment benefits, asking about prior authorization, and confirming any deductibles, co-pays, or co-insurance before ordering.

Why it may qualify for coverage

The Iowa Brace is described as an integral component of the Ponseti Method treatment protocol for congenital clubfoot. After casting, the brace maintains the corrected foot position and helps prevent relapse during sleep and rest periods.

What to do before ordering

• **Get a physician prescription or written order.** Most insurance plans require a signed and dated order from a licensed physician, typically a pediatric orthopedic surgeon.

• **Ask your insurance plan about DME coverage.** Confirm whether Durable Medical Equipment benefits are included, whether prior authorization is required, and what cost-sharing may apply.

• **Ask for details in writing when possible.** The guide recommends requesting the plan's DME coverage policy in writing when available.

• **Use the suggested codes from the guide.** The guide provides suggested ICD-10 and HCPCS L-codes to help identify the brace components correctly.

• **Document medical necessity.** Clinical records may need to support the diagnosis, completed Ponseti casting, and the need for ongoing bracing to prevent relapse.

• **Ask the treating physician for a Letter of Medical Necessity if needed.** This can be useful if coverage is uncertain or initially denied.

Suggested information from the guide

Diagnosis code	ICD-10 Q66.0 - Talipes Cavus / congenital talipes equinovarus. Verify the appropriate code with the treating physician.
Suggested HCPCS L-codes	L1930 AFO x2; L3150 foot abduction rotation bar x1; L2768 quick clip attachment x2; L2840 AFO socks as needed.
Common modifiers listed	RT - right side; LT - left side; NU - new equipment. Follow the payer's specific requirements.

Important note

The coding information is a suggested reference only. The final responsibility for correct coding belongs to the facility submitting the claim. Coding requirements, payer policies, and coverage criteria may vary and should be verified with the relevant payer.

Questions? Contact Clubfoot Solutions, Inc. at info@clubfootsolutions.org or (563) 232-1103.