product guide

CROSSROADS
Orthotics & Consultation

Online Easy. Service Intense. Outcome Focused.

thank you

for the opportunity to serve you and your patients.

Crossroads is unlike any other orthotics supplier you'll find, and we're eager to demonstrate how.

We Make Ordering Easy

Just visit CrossroadsOrthotics.com and use our Easy3 online order form. Or you can submit your Easy3 via email or fax. Whether your patient needs an off-the-shelf, custom-fitted or custom-made device, initiating the order is really that simple. And here's why...

We Have Licensed Orthotic Specialists in Your Area

Within days of receiving your order, we'll connect with your patient—even make an in-person house call, if needed—to ensure he or she is getting precisely the right orthotic device, with the proper fit and instruction, all while our office staff is filing the insurance.

If, at any time, there's a problem with the device, we make sure your patient calls us to solve it. Then, throughout the recovery timeline, we'll follow up with your patient to track any compliance issues and contact you if we need or have any relevant information.

We're Single-Source Simple

Crossroads is a vendor-neutral supplier, in-network with a wide range of insurance carriers and winner of numerous competitive-bid contracts with the Centers for Medicare and Medicaid Services (CMS). So, you can rely on us for all your orthotics needs.

Use this product guide when you order at CrossroadsOrthotics.com and, if you have any questions, please feel free to call us at 765.359.0041.

We're looking forward to working with you toward your practice's goal of achieving the fastest positive outcomes in the most efficient way possible.

Sincerely,

C. Fraz

Chrystal Fraizer
Owner & CEO

Cori Morrison

Cori Morrison
Owner & CFO

Hand & Wrist Orthosis

CODING

Wrist Hand Orthosis (WHO)	*L3908*
Wrist Hand Finger Orthosis (WHFO)	*L3807/L3809*
Wrist Cock-Up Splint	*L3908*

TYPES

Resting Hand Orthosis
Product Utilization: Patient has pain and decreased ROM; expectation is extension to resting position.

Grip Hand Orthosis
Product Utilization: Patient has pain and decreased ROM; expectation is limited to a functional “C” position.

Flex Hand Orthosis
Product Utilization: Patient has spasticity of wrist, hand or fingers and decreased ROM; expectation is limited to functional “C” position.

Air Hand
Product Utilization: Patient has pain and decreased ROM; expectation is functional “C” position with prolonged low load stretch.

COVERAGE DETERMINATION

- Control of wrist drop
- Contracture of wrist and fingers
- Support for the flaccid wrist and hand
- Control of radial of ulnar deviation
- Fractures
- Post injury or surgery

hand + wrist

Elbow Orthosis

CODING

Elbow Orthosis (EO)	*L3760/L3761*

TYPES

Static Elbow

Product Utilization: Patient has pain, decreased ROM, contracture, flexor tone, or has had a recent injury or surgical procedure; expectation is progressive extension, in conjunction with passive ROM therapy.

ROM Elbow

Product Utilization: Patient has contracture, with the ability to perform some active ROM, and needs control of extension and flexion with ROM; expectation is extension through ROM, while controlling flexion contracture.

Flex Elbow

Product Utilization: Patient has contracture, with some ROM, and minimal pain; expectation is significant increase in ROM, with load prolonged stretch, stabilization or for wound care positioning.

COVERAGE DETERMINATION

- Treatment of non-fixed contracture of the elbow
- Elbow extension
- Increasing range of motion
- Fractures
- Post injury or surgery

elbow

EASY 3 ORDERING

1 Rx Detailed Written Order

2 Patient's Face Sheet

3 Doctor's Notes

Ankle Foot Orthosis

CODING

Ankle Foot Orthosis (AFO)	*L4396-L1990*

TYPES

Multi Podus Boot
Product Utilization: Patient has plantar flexion contracture of the ankle/foot, or has plantar fasciitis.

Ambulating AFO
Product Utilization: Patient has ankle/foot contracture, and can be used for limited gait training or for would care on the heel.

Plastic/Carbon Fiber AFO/Metal
Product Utilization: Patient has a neurological/musculoskeletal disorder, ankle/foot deformity, drop foot or foot inversion.

Custom AFO
Product Utilization: Patient has a neurological/musculoskeletal disorder, ankle/foot deformity, drop foot or foot inversion.
Custom AFO requires one of the following criteria:

- The patient could not be fitted with a prefabricated AFO
- The condition is expected to be permanent or of longstanding duration (more than 6 months)
- There is a need to control the ankle or foot in more than one plane
- The patient has a documented neurological, circulatory, or orthopedic condition that requires custom fabrication to prevent tissue injury
- The patient has a healing fracture that lacks normal anatomical integrity or anthropometric proportions

COVERAGE DETERMINATION

- Plantar flexion contractures
- Plantar fasciitis
- Foot inversion
- Ankle deformity
- Neurological/musculoskeletal disorders (stroke, multiple sclerosis)
- Drop foot

ankle + foot

Knee Orthosis

CODING

Knee Orthosis (KO)	*L1830-L1852*

TYPES

Air/Static Knee

Product Utilization: Patient is non-ambulatory and has flexion or extension contractures of the knee, with movement on passive ROM testing of at least 10 degrees.

ROM Knee

Product Utilization: Patient is ambulatory, needs control of extension and flexion with ROM, and has knee instability (knee instability must be documented by examination and objective description of joint laxity), or has had a recent injury or surgical procedure.

OA Knee

Product Utilization: Patient is ambulatory and has knee instability (knee instability must be documented by examination and objective description of joint laxity), needs treatment for osteoarthritis of the knee, unloading pressure of the knee, correction of abnormal gait and reduction in knee pain, or has had a recent injury or surgical procedure.

COVERAGE DETERMINATION

- Treatment of non-fixed knee joint contractures
- Stabilize knee extension
- Knee joint immobilization
- Increasing range of motion
- Post injury/surgery
- Fracture/dislocation
- Deformity

knee

Hip Orthosis

CODING

Hip Orthosis (HO)	*L1600-L1690*

TYPES

Standard Hip Orthosis

With or without separator bar or air bladder

Product Utilization: Patient is non-ambulatory with hip contracture, hip or knee scissoring, or decreased hip ROM.

COVERAGE DETERMINATION

- Hip adduction and scissoring
- Increase hip range of motion

Spinal Orthosis

CODING

Lumbar Sacral Orthosis (LSO)	*L0627-L0651*
Thoracic Lumbar Sacral Orthosis (TLSO)	*L0450-L0492*

TYPES

LSO

Product Utilization: Patient needs stabilization of the spine following surgery, for fractured vertebrae, for disc problems, or for other spine disorders. The LSO is a lower profile version of the TLSO.

TLSO

Product Utilization: Patient needs stabilization of the spine following surgery, for fractured vertebrae, for disc problems, or for other spine disorders. The TLSO is either a two-piece plastic clamshell design, or a single piece that opens in the front or back, and extends from the pelvis to just below the collarbone.

COVERAGE DETERMINATION

- To reduce pain by restricting mobility of the trunk
- To facilitate healing following an injury to the spine or related soft tissue
- To facilitate healing following a surgical procedure on the spine or related soft tissue
- To otherwise support weak spinal muscles and/or a deformed spine

hip + spine

Diabetic Shoes/Inserts

CODING

Diabetic Shoes	*A5500 or A5501 (Custom)*
Heat Moldable Inserts	*A5512*
Custom Inserts	*A5514*

An outline of the key documentation components are as follows:

Coverage Criteria

A. Coverage criteria must meet 1, 2 and 3 below:

1. Patient has diabetes mellitus (E08.00-E13.9); and

2. Certifying Physician has documented in the patient's medical record (of Primary Care Physician) one or more of the following conditions, and certifies these conditions on the certification statement:

- **a.** Previous amputation of the other foot, or part of either foot, or
- **b.** History of previous foot ulceration of either foot, or
- **c.** History of pre-ulcerative calluses of either foot, or
- **d.** Peripheral neuropathy with evidence of callus formation of either foot, or
- **e.** Foot deformity of either foot, or
- **f.** Poor circulation in either foot; and

3. Certifying Physician must either:

- **a.** Personally document one or more of the above conditions in the medical record by in-person visit, within 6 months prior to delivery of the shoes, and prior to or same day as signing the Certification Statement, or
- **b.** Obtain, initial/sign, date and indicate agreement with information from the medical records of all in-person visit with a Podiatrist, other M.D., D.O., P.A., N.P., or CNS, that is within 6 months prior to delivery of shoes.

COVERAGE LIMITATIONS

Limited to one pair of shoes and three pairs of inserts per calendar year

B. Certifying Physician must also certify:

1. Coverage criteria are met,

2. He/She is treating the patient under a comprehensive plan of care

3. The patient needs diabetic shoes

4. The in-person visit is within 6 months prior to delivery of shoes/inserts and Certification Statement within 3 months prior to delivery of the shoes.

shoes

EASY 3 ORDERING

1 Rx Detailed Written Order

2 Patient's Face Sheet

3 Doctor's Notes

contact

your local representative

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