

Hip Orthoses

DME.MU.208.A

v1.0.2026

Introduction

Hip orthoses are addressed by this guideline.

Health Equity Consideration

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Criteria

A hip orthosis (HCPCS L1600, L1620, L1650, L1653, L1660, L1690) is considered medically necessary for an ambulatory individual when **all** of the following apply:

- The individual has hip weakness or deformity.
- The brace is needed for **any** of the following:
 - stabilization of the hip
 - correction and maintenance of hip abduction
- The individual's function will be improved with use of the brace.

A custom-fabricated hip orthosis (HCPCS L1610, L1630, L1640, L1652, L1680, L1681, L1685, L1700, L1720, L1730, L1755) is considered medically necessary for an ambulatory individual when the basic criteria listed above for a pre-made hip orthosis are met as well as **any** of the following criteria:

- The individual is unable to be fitted with a pre-made brace.
- The condition requiring the brace is anticipated to be permanent or of long-standing duration beyond six months.
- It is necessary to manage the movement of the hip in several directions.
- The individual has a medical condition that necessitates the creation of a custom-made brace to avoid damage to the tissues.

- The individual has a fractured bone that is mending, but the shape of the bone is not typical, and the brace will help stabilize the bone.

An abduction splint (e.g., HCPCS L1620) is considered medically necessary for the treatment of infants up to 6 months of age with hip dislocation or persistently dislocatable or subluxatable hips.

Replacement Criteria

Same or Similar Durable Medical Equipment (DME)

- Duplication of the same or similar orthoses within the same case is not considered medically necessary.
- A replacement orthosis is considered medically necessary when **all** of the following apply:
 - The individual has been seen recently by their provider and has a documented care plan that includes the use of the brace.
 - There is clinical documentation of **any** of the following:
 - The individual is no longer able to wear the brace because of growth or a change in physical condition.
 - The brace has been lost or stolen.
 - The brace is broken, unable to be repaired, and/or no longer under warranty.

Not Covered

- Additions to hip orthoses are considered not medically necessary if either the base orthosis is not medically necessary, or the specific addition is not medically necessary.
- Hip orthoses are considered not medically necessary when they are used solely to prevent injury rather than to treat an existing disease or injury.
 - In these cases, the use is deemed preventive and therefore not medically necessary.

Evidence Discussion

A 2023 study by Otlet et al. evaluated the use of hip abduction orthoses in individuals with Parkinson's disease who experienced postoperative instability following total hip arthroplasty (THA). The orthoses were designed to limit hip flexion and adduction, aiming to reduce dislocation risk in this high-risk population. Results showed that the device effectively restricted hip motion within safe parameters, particularly preventing flexion beyond 90° and adduction past neutral. However, while mechanical control was achieved, evidence for a significant reduction in dislocation rates was limited. The

authors concluded that hip abduction orthoses may be considered for Parkinson's individuals at elevated risk of dislocation, but routine use should be weighed against usability and quality-of-life concerns (Otlet et al., 2023).

A 2025 review by Chan et al. evaluated a hip-abduction brace's ability to restrict hip motion to reduce dislocation risk after THA. Results showed significant reductions in hip flexion when the brace was set to 90° (p=.001) and 70° (p<.0001), with additional limitations in abduction, adduction, and rotation (all p<.001). During sit-to-stand tasks, the 70° setting further decreased peak flexion compared to unrestricted (p=.008) and to the 90° setting (p=.002), while the 90° setting alone was not significantly different from unrestricted.

A 2025 study by Steingrebe et al. examined how hip orthoses affected mobility and joint loading in individuals with hip osteoarthritis (HOA). Findings indicated that bracing improved movement confidence by increasing turn initiation velocity without elevating hip joint load, and reducing transverse hip range of motion. These adjustments suggested that hip orthoses can facilitate safer and more efficient turning movements, a common daily activity, while potentially alleviating pain and improving functional performance. Furthermore, the brace provided pelvic stabilization and soft tissue support without mechanically forcing joint alignment, offering a conservative treatment option that may delay surgical intervention and enhance quality of life for individuals with HOA .

A 2021 systematic review by Pavone at al. analyzed dynamic and static hip orthoses for infants with developmental dysplasia of the hip. Dynamic splints, such as the Pavlik harness, achieved success rates ranging from 84% to 95% in restoring hip stability when initiated early, particularly in unstable hips, with reported avascular necrosis (AVN) rates as low as 0.9%. Static braces demonstrated comparable effectiveness for residual dysplasia, improving acetabular development and reducing surgical intervention rates. Studies consistently showed that early initiation of orthoses (<3 months) significantly improved outcomes (p<0.001).

Codes

HCPCS code descriptions

HCPCS Code	Description
L1600	Hip orthosis, abduction control of hip joints, flexible, frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise

HCPSC Code	Description
L1610	Hip orthosis, abduction control of hip joints, flexible, (frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1620	Hip orthosis, abduction control of hip joints, flexible, (pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1630	Hip orthosis, abduction control of hip joints, semi-flexible (von rosen type), custom fabricated
L1640	Hip orthosis, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated
L1650	Hip orthosis, abduction control of hip joints, static, adjustable, (ilfeld type), prefabricated, includes fitting and adjustment
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1653	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf
L1660	Hip orthosis, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment
L1680	Hip orthosis, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (rancho hip action type), custom fabricated
L1681	Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
L1685	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated

HCP Code	Description
L1686	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment
L1700	Legg perthes orthosis, (toronto type), custom fabricated
L1710	Legg perthes orthosis, (newington type), custom fabricated
L1720	Legg perthes orthosis, trilateral, (tachdijan type), custom fabricated
L1730	Legg perthes orthosis, (scottish rite type), custom fabricated
L1755	Legg perthes orthosis, (patten bottom type), custom fabricated

References

American Academy of Orthopaedic Surgeons. (2022). *Detection and nonoperative management of pediatric developmental dysplasia of the hip in infants up to six months of age: Evidence-based clinical practice guideline*. <https://www.aaos.org/globalassets/quality-and-practice-resources/pddh/pddhpcpg.pdf>

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