

DOCUMENT OF MEDICAL NECESSITY FOR ANKLE – FOOT ORTHOSIS

PATIENT NAME:

ID:

DIAGNOSIS CODES:	
ADULT ACQUIRED FLATFOOT (PTTD)	<input type="checkbox"/> Adult Acquired Flatfoot M21.41 (RT), <input type="checkbox"/> Adult Acquired Flatfoot M21.42 (LT) <input type="checkbox"/> Rupture, Tendon; Ankle & Foot M66.271 (RT), <input type="checkbox"/> Rupture, Tendon; Ankle & Foot M66.272 (LT) <input type="checkbox"/> Pronation, Acquired R26.9
DJD OF ANKLE & REARFOOT	<input type="checkbox"/> Osteoarthritis, Localized, Primary; Ankle & Foot M19.071 (RT) <input type="checkbox"/> Osteoarthritis, Localized, Primary; Ankle & Foot M19.072 (LT) <input type="checkbox"/> Pain, Joint; Ankle & Foot M25.571 (RT), <input type="checkbox"/> Pain, Joint; Ankle & Foot M25.572 (LT) <input type="checkbox"/> Tarsal Coalition Q66.89
DROPFOOT	<input type="checkbox"/> Dropfoot M21.371 (RT), <input type="checkbox"/> Dropfoot M21.372 (LT) <input type="checkbox"/> Hemiplegia I69.351 (RT), <input type="checkbox"/> Hemiplegia I69.352 (LT)
LATERAL ANKLE INSTABILITY	<input type="checkbox"/> Instability of Joint; Ankle & Foot M24.871 (RT), <input type="checkbox"/> Instability of Joint; Ankle & Foot M24.872 (LT)
OTHER	<input type="checkbox"/> Calc-fib Ligament Sprain S93.411 (RT), <input type="checkbox"/> Calc-fib Ligament Sprain S93.412 (LT) <input type="checkbox"/> Sprain, Ankle, ATFL S93.491 (RT), <input type="checkbox"/> Sprain, Ankle, ATFL S93.492 (LT)
ENCOUNTER	<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> S

DESCRIPTION OF ORTHOSIS AND BILLING CODES:

The following Ankle-Foot Orthosis & Component Parts have been dispensed to the above captioned patient on _____ (Date).

- L1970 AFO, plastic, molded to patient model with ankle joints
- L1940 AFO, plastic solid shell, molded to patient model
- L1971 AFO, plastic, with ankle joint, prefabricated
- L2820 AFO Soft interface, below knee
- L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
- L2210 Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint
- _____

PROGNOSIS:

DURATION OF TREATMENT WITH ANKLE FOOT ORTHOSIS:

NECESSITY OF ANKLE-FOOT-ORTHOSIS MOLDED TO PATIENT MODEL:

A custom (versus pre-fabricated) ankle-foot-orthosis has been prescribed based upon the following criteria which are specific to the condition of this patient. (Check all that apply):

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

I hereby certify that the ankle-foot orthosis described above is a rigid or semi-rigid device which is used for the purpose of supporting a weak or deformed body member restricting or eliminating motion in a diseased or injured part of the body. It is designed to provide support and counterforce on the limb or body part that it is being braced.

(Signature of Prescribing Practitioner)

(License Number)

(Date)