

**DOCUMENT OF MEDICAL NECESSITY FOR ANKLE – FOOT ORTHOSIS**

**PATIENT NAME:**

**ID:**

<b>DIAGNOSIS CODES:</b>	
<b>ADULT ACQUIRED FLATFOOT (PTTD)</b>	<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
<b>DJD OF ANKLE &amp; REARFOOT</b>	<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
<b>DROPFOOT</b>	<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)
<b>LATERAL ANKLE INSTABILITY</b>	<input type="checkbox"/> Instability of Joint; Ankle & Foot M24.871 (RT), <input type="checkbox"/> Instability of Joint; Ankle & Foot M24.872 (LT)
<b>OTHER</b>	<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)
<b>ENCOUNTER</b>	<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)

