

## **AFO/KAFO Documentation Requirements**

### **AFO'S NOT USED FOR AMBULATION:**

- STATIC OR DYNAMIC POSITIONING ANKLE-FOOT ORTHOSIS (NIGHTSPLINT)

1) MUST HAVE PLANTARFLEXION CONTRACTURE OF THE ANKLE WITH DORSIFLEXION ON PASSIVE RANGE OF MOTION TESTING OF AT LEAST 10 DEGREES

\*\* (PRE-TREATMENT ROM MUST BE MEASURED WITH A GONIOMETER AND DOCUMENTED IN THE MEDICAL RECORD ALONG WITH INDICATION THAT AN APPROPRIATE STRETCHING PROGRAM IS BEING CARRIED OUT)

**(AND)**

2) THERE MUST BE REASONABLE EXPECTATION OF THE ABILITY TO CORRECT THE CONTRACTURE

**(AND)**

3) THE CONTRACTURE IS INTERFERING OR EXPECTED TO INTERFERE SIGNIFICANTLY WITH THE PATIENT'S FUNCTIONAL ABILITIES

**(AND)**

4) THE ORTHOSIS IS USED AS AN ACTIVE COMPONENT OF A THERAPY PROGRAM INCLUDING ACTIVE STRETCHING OF INVOLVED MUSCLES AND/OR TENDONS

**(OR)**

5) THE PATIENT MUST HAVE A DIAGNOSIS AND SYMPTOMS OF PLANTAR FASCIITIS

**- AFO'S AND KAFO'S FOR AMBULATORY PATIENTS (MUST MEET AT LEAST ONE OF THE FOLLOWING FOR AFO TO BE COVERED BY INSURANCE – HAS TO BE DOCUMENTED BY PHYSICIAN)**

1) BENEFICIARY COULD NOT BE FIT WITH PREFABRICATE ORTHOSIS (WHY) **(OR)**

2) PATIENT'S CONDITION NECESSITATES THAT THE BRACE WILL BE NEED EITHER PERMANENTLY OR FOR A PERIOD LONGER THAN 6 MONTHS (HOW LONG)

**(OR)**

3) PATIENT NEEDS THE KNEE, ANKLE AND/OR FOOT CONTROLLED IN MORE THAN ONE PLANE (EXPLAIN)

**(OR)**

4) PATIENT MUST HAVE A DOCUMENTED NEUROLOGICAL, CIRCULATORY OR ORTHOPEDIC STATUS THAT REQUIRES CUSTOM FABRICATING OVER A MODEL TO PREVENT TISSUE INJURY (WHAT IS PATIENT'S CONDITION)

**(OR)**

5) PATIENT HAS A HEALING FRACTURE WHICH LACKS NORMAL ANATOMICAL INTEGRITY OR ANTHROPOMETRIC PROPORTIONS

**ALSO:**

**AFO'S (ANKLE-FOOT ORTHOSIS):**

1) PATIENT MUST BE AMBULATORY AND HAVE A WEAKNESS OR DEFORMITY OF THE ANKLE AND/OR FOOT (DESCRIBE WEAKNESS OR DEFORMITY)

**\*\*MUST REQUIRE STABILIZATION OF THE ANKLE AND/OR FOOT FOR MEDICAL REASONS (EXPLAIN WHY AND WHERE IN THE ANKLE AND/OR FOOT STABILIZATION IS REQUIRED. WHAT COULD HAPPEN IF NOT PROVIDED?)**

**(AND)**

**\*\*MUST HAVE THE POTENTIAL TO BENEFIT FUNCTIONALLY (HOW IS THE PATIENT EXPECTED TO BENEFIT – EX. ABLE TO WALK WITHOUT WALKER, ABLE TO DRIVE, ABLE TO RETURN TO WORK, ETC.)**

**- KAFO (KNEE-ANKLE-FOOT ORTHOSIS)**

1) PATIENT MUST BE AMBULATORY AND HAVE A WEAKNESS OR DEFORMITY OF THE ANKLE AND/OR FOOT AND REQUIRE ADDITIONAL KNEE STABILITY (DESCRIBE WEAKNESS OR DEFORMITY AND WHY ADDITIONAL KNEE STABILITY IS REQUIRED)

**\*\*MUST REQUIRE STABILIZATION OF THE ANKLE AND/OR FOOT AND KNEE FOR MEDICAL REASONS (EXPLAIN WHY AND WHERE IN THE ANKLE AND/OR FOOT AND KNEE STABILIZATION IS REQUIRED. WHAT COULD HAPPEN IF NOT PROVIDED?)**

**(AND)**

**\*\*MUST HAVE THE POTENTIAL TO BENEFIT FUNCTIONALLY (HOW IS THE PATIENT EXPECTED TO BENEFIT – EX. ABLE TO WALK WITHOUT WALKER, ABLE TO DRIVE, ABLE TO RETURN TO WORK, ETC.)**

**- CUSTOM MOLDED CROW WALKER:**

**\*\*\*PATIENT MUST HAVE A DIAGNOSIS OF CHARCOT FOOT OR CHARCOT JOINT DISEASE TO BE COVERED BY INSURANCES\*\*\***

**MISCELLANEOUS INFORMATION FOR PHYSICIAN'S:**

**\*\*\*JUSTIFYING/SUPPORTING INFORMATION FOR THE PATIENT'S NEW ORTHOSIS OR REPAIRS TO THE CURRENT ORTHOSIS NEEDS TO BE IN THE PATIENT'S MEDICAL RECORD (THE PRESCRIPTION ALONE, DOES NOT COUNT AS A PART OF THE MEDICAL RECORD)\*\*\***

**\*\*\*IF CLINICAL NOTES ARE ELECTRONICALLY SIGNED IT HAS TO INDICATE THAT THEY HAVE BEEN ELECTRONICALLY SIGNED – CANNOT JUST HAVE THE MD'S NAME WITH NO INDICATION THAT THAT IS TO BE USED AS THE SIGNATURE WITH THE DATE\*\*\***

**\*\*\*INSURANCE COMPANIES DO NOT CONSIDER THE ORTHOTISTS RECORDS OR DOCTOR ATTESTATION STATEMENTS AS PART OF THE MEDICAL RECORD – JUSTIFICATION HAS TO BE IN THE PHYSICIAN'S MEDICAL RECORDS (EITHER IN THE PATIENT'S ORIGINAL NOTE OR IN AN ADDENDUM TO A RECENT NOTE)\*\*\***

**\*\*\*THE PHYSICIAN MUST INDICATE WHETHER THEY WANT THE ORTHOSIS TO BE CUSTOM FITTED OR CUSTOM FABRICATED (MADE TO PATIENT'S MEASUREMENTS OR MODEL) AND WHY (THIS IS VERY IMPORTANT THAT IT IS INCLUDED IN THE PATIENT'S NOTE)\*\*\***

**IF ANY QUESTIONS PERTAINING TO THE ABOVE INFORMATION PLEASE CONTACT: NORTHERN ORTHOPEDIC LABORATORY, INC. AT 315-782-9079.**