

All in One Medical Necessity Document

PATIENT NAME:

SSN:

DIAGNOSIS CODES:

ADULT ACQUIRED FLATFOOT (PTTD) Adult Acquired Flatfoot M21.41 (RT), M21.42 (LT)
 Rupture, Tendon; Ankle & Foot M66.371 (RT), M66.372 (LT) Pronation, Acquired R26.9

DJD OF ANKLE & REARFOOT Osteoarthritis, Localized, Primary; Ankle & Foot M19.071 (RT), M19.072 (LT)

Pain, Joint; Ankle & Foot M25.571 (RT), M25.572 (LT) Tarsal Coalition Q66.89

DROPFOOT Dropfoot M21.371 (RT) M21.372 (LT) Hemiplegia I69.351 (RT), I69.352 (LT)

LATERAL ANKLE INSTABILITY Instability of Joint; Ankle & Foot M24.871 (RT), M24.872 (LT)

Calc-fib Ligament Sprain S93.411 (RT), S93.412 (LT)

OTHER

DESCRIPTION OF ORTHOPEDIC BRACE AND BILLING CODES:

The following Ankle/Foot-Orthopedic Brace & 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 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 ORTHOPEDIC BRACE:

NECESSITY OF ANKLE/FOOT-ORTHOPEDIC BRACE 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 or 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 Physician

Lic Number

Date