

CLINICIAN CHECKLIST FOR ANKLE-FOOT/KNEE-FOOT ORTHOSIS

Policy Reference: [Local Coverage Determination Ankle-Foot/Knee-Ankle-Foot Orthosis \(L33686\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(PA\) A55426](#)

The treating clinician must complete the following items:

[Standard Written Order \(SWO\)](#)

Medical record documentation requirements (see below)

For a custom fabricated orthosis documentation must provide detailed information to support the medical necessity of a custom fabricated rather than a prefabricated orthosis.

Ankle-Foot Orthosis Prefabricated

Basic coverage for an orthosis if all following criteria are met:

- Beneficiary is ambulatory
- Beneficiary has a weakness or deformity of the foot and ankle
- Beneficiary requires stabilization of the foot and ankle for medical reasons
- Beneficiary has the potential to benefit functionally from the use of an AFO

Ankle-Foot Orthosis Custom Fabricated

All criteria above met

Additional coverage criteria for custom fabricated orthosis if one of the following has been met:

- Beneficiary could not be fit with a prefabricated orthosis
- The condition necessitating the orthosis is expected to be permanent or of long-standing duration (more than six months)
- There is a need to control the knee, ankle or foot in more than one plane
- Beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating to prevent tissue injury
- Beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions

Knee-Ankle-Foot Orthosis (Prefabricated and Custom Fabricated)

All above coverage criteria are met; and
Additional knee stability is required