

## CLINICIAN CHECKLIST FOR ANKLE-FOOT/KNEE-ANKLE-FOOT ORTHOSES

### Policy References:

- [Local Coverage Determination \(L33686\)](#)
- [Policy Article \(A52457\)](#)

### Documentation References:

- [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

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

Beneficiary's name or Medicare	Quantity to be dispensed, if applicable
Beneficiary Identifier (MBI)	Treating practitioner name or National
Order date	Provider Identifier (NPI)
General description of the item	Treating practitioner's signature

#### [Face-to-Face and Written Order Prior to Delivery \(WOPD\)](#)

Required for HCPCS codes L1932, L1940, L1951, L1960, L1970, L2005, L0236

([CMS Required Face-to-Face Encounter and Written Order Prior to Delivery List](#))

Prior Authorization - ([CMS Required Prior Authorization List](#))

Required for HCPCS code L1951 - Effective for DOS on or after August 12, 2024

Medical records as noted 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

All basic coverage criteria for an orthosis must be met:

Beneficiary is ambulatory; **and**

Beneficiary has a weakness or deformity of the foot and ankle; **and**

Beneficiary requires stabilization of the foot and ankle for medical reasons; **and**

Beneficiary has the potential to benefit functionally from the use of an AFO.

## **Ankle-Foot Orthosis Custom Fabricated**

All basic coverage criteria listed above met; **and**

One of the following additional coverage criteria must be met:

Beneficiary could not be fit with a prefabricated orthosis; **or**

The condition necessitating the orthosis is expected to be permanent or of long-standing duration (more than six months); **or**

There is a need to control the knee, ankle or foot in more than one plane; **or**

Beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating to prevent tissue injury; **or**

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.

### **ICD-10-CM Codes that Support Medical Necessity**

- HCPCS codes L4392, L4396 and L4397 - [Group 1 Ankle-Foot/Knee-Ankle-Foot Orthoses Policy Article](#)
- HCPCS code L4631 - [Group 2 Ankle-Foot/Knee-Ankle-Foot Orthoses Policy Article](#)