The supplier must be able to provide all of these items on request:

- Standard Written Order (SWO)
- Proof of Delivery (POD)
- Continued Need
- Continued Use
- Medical records from treating practitioner as noted below

Medical Records should contain:

### AFOs not used during ambulation Static AFO (L4396, L4397)

- Documentation of criteria 1 – 4 or criterion 5.
  - 1. Beneficiary has plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10 degrees measured with a goniometer; and
  - 2. There is reasonable expectation of the ability to correct the contracture; and
  - 3. Contracture is interfering or expected to interfere significantly with the beneficiary’s functional abilities; and
  - 4. AFO is used as a component of a therapy program which includes active stretching of involved muscles and/or tendons carried out by professional staff (in a nursing facility) or caregiver (at home); or
  - 5. Beneficiary has plantar fasciitis.

### AFOs and KAFOs used during ambulation


- Medical records document the basic coverage criteria:
  - Beneficiary is ambulatory; and
  - Has a weakness or deformity of the foot and ankle; and
Requires stabilization of the foot and ankle for medical reasons; and

Has the potential to benefit functionally from the use of an AFO


- Medical records document the basic coverage criteria are met; and
- The orthosis requires substantial modification for fitting at the time of delivery in order to provide an individualized fit.
  - Item must be trimmed, bent, molded (with or without heat), or otherwise modified resulting in alterations beyond minimal self-adjustment; and
- This fitting at delivery requires expertise of a certified orthotist or an individual who has equivalent specialized training in the provision of orthotics to fit the item to the individual beneficiary.
- Documentation must be sufficiently detailed to include, but is not limited to, a detailed description of the modifications necessary at the time of fitting the orthosis to the beneficiary.


- Medical records document;
  - Basic coverage criteria noted above are met; and
  - Beneficiary could not be fit with a prefabricated AFO; or
  - Condition necessitating the orthosis is expected to be permanent or of longstanding 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 over a model to prevent tissue injury; or
  - Beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

- Treating physician's documentation provides detailed information to support the medical necessity of custom fabricated rather than a prefabricated orthosis.
- Physician’s documentation will be corroborated by the functional evaluation in the orthotist or prosthetist’s record.

**Knee-ankle-foot Orthoses** (L2000 – L2038, L2126 – L2136 and L4370)

- Medical records document the basic coverage criteria are met; and
- Additional knee stability is required.

**Replacement of a Complete Orthosis or Component of an Orthosis**

- Replacement is required due to loss, a significant change in the beneficiary’s condition, or irreparable accidental damage.
- Beneficiary’s medical record supports the device is still medically necessary.
- Supplier’s records document the reason for the replacement.
Quantities above the Usual Maximum Amounts

☐ Medical record clearly explains the medical necessity for the excess quantities.
☐ Medical rationale for the excess quantities is included on the claim.

Replacement Interface for Static AFO (L4392)

☐ Medical record supports that the beneficiary continues to meet indications and other coverage rules for a static AFO (L4396).

Labor (L4205)

☐ Labor component billed for repairs in increments of 15 minutes.
☐ Claim includes an explanation of what is being repaired.

Repair or Replace Minor Parts (L4210)

☐ Claim includes a description of each item that is being repaired.

Concentric Adjustable Torsion Style Mechanisms (L2999)

☐ Used to assist knee joint extension.
☐ Beneficiary requires knee extension assist in the absence of any co-existing joint contracture.
☐ Used to assist ankle joint plantarflexion or dorsiflexion.
☐ Beneficiary requires ankle plantar or dorsiflexion assist in the absence of any co-existing joint contracture.