TayCo BRACE

taycobrace.com | Customer Service 574.968.0066

AFO Provider:	Patient Name:
Address:	Patient DOB:
	Order Date:
Phone:	Length of Need:
Fax:	E-mail:

Diagnosis (indicate all that apply)

	Right	Left
Deltoid Sprain – Ankle		
Initial	☐ S93.421A (int)	☐ S93.422A (int)
Subs	☐ S93.421D (subs)	☐ S93.422D (subs)
ATLF Sprain		
Initial	☐ S93.491A (int)	☐ S93.492A (int)
Subs	☐ S93.491D (subs)	☐ S93.492D (subs)
Calcaneofib Sprain		
Initial	☐ S93.411A (int)	☐ S93.412A (int)
Subs	☐ S93.411D (subs)	☐ S93.412D (subs)
Tibiofib Sprain		
Initial	☐ S93.431A (int)	☐ S93.432A (int)
Subs	☐ S93.431D (subs)	☐ S93.432D (subs)
Medial Malleolar Fx		
Displaced	☐ S82.51XA (int)	☐ S82.52XA (int)
	☐ S82.51XD (subs)	☐ S82.52XD (subs)
Non-Displaced	☐ S82.54XA (int)	☐ S82.55XA (int)
	☐ S82.54XD (subs)	☐ S82.55XD (subs)
Lateral Malleolar Fx		
Displaced	☐ S82.61XA (int)	☐ S82.62XA (int)
	☐ S82.61XD (subs)	☐ S82.62XD (subs)
Non-Displaced	☐ S82.64XA (int)	☐ S82.65XA (int)
	☐ S82.64XD (subs)	☐ S82.65XD (subs)
Bimalleolar Fx		
Displaced	☐ S82.841A	☐ S82.842A
Non-Displaced	☐ S82.844A	☐ S82.845A
Trimalleolar Fracture – Ankle		
Displaced	S82.851A	S82.852A
Non-Displaced	S82.854A	S82.855A
Pilon Fracture (Distal Tibia) – Ankle		
Displaced	☐ S82.871A	☐ S82.872A
Non-Displaced	☐ S82.874A	☐ S82.875A

	Right	Left
Chronic Instability of ankle	☐ M25.371	☐ M25.372
Chronic Disorder of ligaments	☐ M24.271	☐ M24.272
Rheumatoid Arthritis ankle	☐ M05.371	☐ M05.372
Osteoarthritis ankle	☐ M19.071	☐ M19.072
Traumatic Anthropathy, ankle/foot	☐ M12.571	☐ M12.572
Achilles Tendinitis/Rupture	☐ M76.61	☐ M76.62
Tarsal Tunnel Syndrome	☐ G67.51	☐ G67.52
Foot Drop (mild)	☐ M21.371	☐ M21.372
Unspecified, soft tissue disorder ankle/foot (MS, Guillain-Barre, etc.)	☐ M70.971	☐ M70.972
Posterior Tibial Tendinitis – Ankle	☐ M76.821	☐ M76.822
Sinus Tarsi – Ankle/Subtalar	☐ M25.571	☐ M25.572
Stress Fx – Ankle	☐M84.374A	☐ M84.375A
Pathological Fx – Ankle	☐ M84.471	☐ M84.472
Peroneal Tendinitis – Ankle	☐ M76.71	☐ M76.72
Osteoporosis	☐ M80.071	☐ M80.072
Achilles Tendinitis – Ankle	☐ M76.61	☐ M76.62
Post-Traumatic – Ankle	☐ M19.171	☐ M19.172
OA 2 (Secondary) – Ankle	☐ M19.271	☐ M19.272
Monoarthritis – Ankle	☐ M13.171	☐ M13.172
Traumatic Arthropathy – Ankle	☐ M12.571	☐ M12.572
Charcot's Joint, ankle/foot	☐ M14.671	☐ M14.672
Synovitis and Tenosynovitis – Ankle	☐ M65.871	☐ M65.872
Valgus Deformity – Ankle	☐ M21.071	☐ M21.072
Varus Deformity – Ankle	☐ M21.171	☐ M22.172
Bone Cyst – Ankle	☐ M85.871	☐ M85.872
Contusion (Bone Bruise) – Ankle	☐ S90.01XA	☐ S90.02XA
Cartilage Disorder – Ankle	☐ M24.171	☐ M24.172

Complication-Device-Internal Fixation – Ankle (Fibula/Medial Malleolus)	Right ☐ T84.126D Left ☐ T84.127D
Idiopathic Osteonecrosis – AVN – Ankle	Right ☐ M87.071 Left ☐ M87.072
Osteochondritis Dessicans – Ankle	Right ☐ M93.271 Left ☐ M93.272
Congenital Deformity (Club Foot) – Ankle	☐ Q89.9
Arthrodesis – Ankle	☐ Z98.1
Total Ankle Arthroplasty	☐ Z47.1
Gait Unsteadiness	☐ R26.81
Walking Difficulties	☐ R26.2
Removal Internal Device + Ankle Fracture ICD-10	☐ Z47.2

Hinge Options: ☐ Free Motion ☐ Limited ROM (5° dorsi, 10° plantar) ☐ Immobilized

L-Codes

☐ **Custom TayCo External Ankle Brace (No Substitutes)**				☐ **Acute TayCo External Ankle Brace (No Substitutes)**			
☐ L1970, *AFO plastic molded w/ ankle j.*	☐ R	☐ L	☐ Bilateral	☐ L1971, *AFO w/ ankle joint, prefab.*	☐ R	☐ L	☐ Bilateral
☐ L2820, *Soft interface below knee se.*	☐ R	☐ L	☐ Bilateral				
☐ L2755x2, *Carbon graphite lamination*	☐ R	☐ L	☐ Bilateral				

Additional Medical Information: Custom Fabricated TayCo Hinged AFO Medically necessary to provide support and stability to the foot and ankle complex, facilitate improved ambulation, provide clearance during swing phase and reduce the risk of injury. _____

_____

Physician:	NPI:
Address:	Phone:

☐ **Detailed supportive physician notes included with this signed Prescription/CMN/Detailed Written Order**

Physician: _____ Date: _____

Example documentation supporting the TayCo Brace

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Criteria for Coverage[1]: All three coverage criteria must be met.
1) weakness/deformity of the foot and ankle,
2) the medical need for foot and ankle stabilization (for KAFO document why patient requires additional knee stability), and
3) that patient has the potential to benefit functionally from an AFO/KAFO.

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Please document the following:

☐ History of Condition necessitating the Orthosis:
Diagnosis; Affected Side; Clinical Course; Therapeutic Interventions and Results; and Prognosis.

☐ Functional Limitations:
Activities of Daily Living (ADL) and how impacted by deficit(s), Diagnoses causing these symptoms; other Co-morbidities, and other forms of ambulatory assistance used.

☐ Status/Condition of Current Orthosis (if applicable):
Describe the condition of the current orthosis and whether the device needs to be repaired or replaced. If the patient's condition has changed, describe why the current orthosis is no longer appropriate (e.g. weight gain/loss, decreased stability, etc.). If the device was damaged, describe the incident. Note: A <5 year old device cannot be replaced due to normal wear and tear. It must be repaired, in which case there needs to be a statement of continued medical need in your record.

☐ Past Experience with Orthosis/Brace and other Failed Treatments

☐ Recent Physical Exam specific to the abnormality/deformity with objective assessment of the condition necessitating the brace:
Include (if applicable) presence of abnormality/deformity, swelling, tenderness, muscle spasm; objective assessment of joint laxity/stability; range of motion; weight, height, weight loss/gain; neurological; etc.

☐ If Custom Orthosis is being ordered, one of the following conditions must be documented 1) permanent condition >6 months, or 2) prefabricated device did not fit, or 3) need to control the knee, ankle, or foot in more than one plane, or 4) neurological, circulatory, or orthopedic status requires custom fabricated over a model to prevent tissue injury, or 5) healing fracture that lacks normal anatomical integrity or anthropometric proportions.

☐ Recommendation for the new Orthosis/component(s):
Include the type of device (brand name not required), whether custom or prefabricated, whether stance control, electronic etc., and your rational for ordering it. Each note must have your signature & date; and each page needs the patient's name recorded.

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References:

Joint DME MAC publication. Local Coverage Determination (LCD):Ankle-Foot/KneeAnkle-Foot Orthosis; Joint DME MAC Local Coverage Article: Ankle-Foot/Knee-Ankle-Foot Orthoses - Policy Article. Joint DME MAC Local Coverage Article: Standard Documentation Requirements for all Claims Submitted to DME MACs.