



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

	Right	Left		Right	Left		
<b>Diagnosis (indicate all that apply)</b>	<b>Deltoid Sprain – Ankle</b>		<b>Chronic Instability of ankle</b>	<input type="checkbox"/> M25.371	<input type="checkbox"/> M25.372	<b>Complication-De-vice-Internal Fixation – Ankle (Fibula/Medial Malleolus)</b>	Right <input type="checkbox"/> T84.126D
	Initial	<input type="checkbox"/> S93.421A (int) <input type="checkbox"/> S93.422A (int)	<b>Chronic Disorder of ligaments</b>	<input type="checkbox"/> M24.271	<input type="checkbox"/> M24.272		Left <input type="checkbox"/> T84.127D
	Subs	<input type="checkbox"/> S93.421D (subs) <input type="checkbox"/> S93.422D (subs)	<b>Rheumatoid Arthritis ankle</b>	<input type="checkbox"/> M05.371	<input type="checkbox"/> M05.372		
	<b>ATLF Sprain</b>		<b>Osteoarthritis ankle</b>	<input type="checkbox"/> M19.071	<input type="checkbox"/> M19.072		
	Initial	<input type="checkbox"/> S93.491A (int) <input type="checkbox"/> S93.492A (int)	<b>Traumatic Anthroopathy, ankle/foot</b>	<input type="checkbox"/> M12.571	<input type="checkbox"/> M12.572	<b>Idiopathic Osteone-crosis – AVN – Ankle</b>	Right <input type="checkbox"/> M87.071
	Subs	<input type="checkbox"/> S93.491D (subs) <input type="checkbox"/> S93.492D (subs)	<b>Achilles Tendinitis/Rupture</b>	<input type="checkbox"/> M76.61	<input type="checkbox"/> M76.62		Left <input type="checkbox"/> M87.072
	<b>Calcaneofib Sprain</b>		<b>Tarsal Tunnel Syndrome</b>	<input type="checkbox"/> G67.51	<input type="checkbox"/> G67.52		
	Initial	<input type="checkbox"/> S93.411A (int) <input type="checkbox"/> S93.412A (int)	<b>Foot Drop (mild)</b>	<input type="checkbox"/> M21.371	<input type="checkbox"/> M21.372	<b>Osteochondritis Dessimans – Ankle</b>	Right <input type="checkbox"/> M93.271
	Subs	<input type="checkbox"/> S93.411D (subs) <input type="checkbox"/> S93.412D (subs)	<b>Unspecified, soft tissue disorder ankle/foot (MS, Guillain-Barre, etc.)</b>	<input type="checkbox"/> M70.971	<input type="checkbox"/> M70.972		Left <input type="checkbox"/> M93.272
	<b>Tibiofib Sprain</b>		<b>Posterior Tibial Tendinitis – Ankle</b>	<input type="checkbox"/> M76.821	<input type="checkbox"/> M76.822	<b>Congenital Defor-mity (Club Foot) – Ankle</b>	Right <input type="checkbox"/> Q89.9
	Initial	<input type="checkbox"/> S93.431A (int) <input type="checkbox"/> S93.432A (int)	<b>Sinus Tarsi – Ankle/Subtalar</b>	<input type="checkbox"/> M25.571	<input type="checkbox"/> M25.572		Left <input type="checkbox"/> M93.272
	Subs	<input type="checkbox"/> S93.431D (subs) <input type="checkbox"/> S93.432D (subs)	<b>Stress Fx – Ankle</b>	<input type="checkbox"/> M84.374A	<input type="checkbox"/> M84.375A		
	<b>Medial Malleolar Fx</b>		<b>Pathological Fx – Ankle</b>	<input type="checkbox"/> M84.471	<input type="checkbox"/> M84.472	<b>Arthrodesis – Ankle</b>	Right <input type="checkbox"/> Z98.1
	Displaced	<input type="checkbox"/> S82.51XA (int) <input type="checkbox"/> S82.52XA (int) <input type="checkbox"/> S82.51XD (subs) <input type="checkbox"/> S82.52XD (subs)	<b>Peroneal Tendinitis – Ankle</b>	<input type="checkbox"/> M76.71	<input type="checkbox"/> M76.72		Left <input type="checkbox"/> Z47.1
	Non-Displaced	<input type="checkbox"/> S82.54XA (int) <input type="checkbox"/> S82.55XA (int) <input type="checkbox"/> S82.54XD (subs) <input type="checkbox"/> S82.55XD (subs)	<b>Osteoporosis</b>	<input type="checkbox"/> M80.071	<input type="checkbox"/> M80.072	<b>Total Ankle Arthro-plasty</b>	Right <input type="checkbox"/> R26.81
	<b>Lateral Malleolar Fx</b>		<b>Achilles Tendinitis – Ankle</b>	<input type="checkbox"/> M76.61	<input type="checkbox"/> M76.62		Left <input type="checkbox"/> R26.2
	Displaced	<input type="checkbox"/> S82.61XA (int) <input type="checkbox"/> S82.62XA (int) <input type="checkbox"/> S82.61XD (subs) <input type="checkbox"/> S82.62XD (subs)	<b>Post-Traumatic – Ankle</b>	<input type="checkbox"/> M19.171	<input type="checkbox"/> M19.172	<b>Walking Difficulties</b>	Right <input type="checkbox"/> R26.2
	Non-Displaced	<input type="checkbox"/> S82.64XA (int) <input type="checkbox"/> S82.65XA (int) <input type="checkbox"/> S82.64XD (subs) <input type="checkbox"/> S82.65XD (subs)	<b>OA 2 (Secondary) – Ankle</b>	<input type="checkbox"/> M19.271	<input type="checkbox"/> M19.272		Left <input type="checkbox"/> R26.2
	<b>Bimalleolar Fx</b>		<b>Monoarthritis – Ankle</b>	<input type="checkbox"/> M13.171	<input type="checkbox"/> M13.172	<b>Removal Internal Device + Ankle Fracture ICD-10</b>	Right <input type="checkbox"/> Z47.2
	Displaced	<input type="checkbox"/> S82.841A <input type="checkbox"/> S82.842A	<b>Traumatic Arthroopathy – Ankle</b>	<input type="checkbox"/> M12.571	<input type="checkbox"/> M12.572		Left <input type="checkbox"/> Z47.2
	Non-Displaced	<input type="checkbox"/> S82.844A <input type="checkbox"/> S82.845A	<b>Charcot’s Joint, ankle/foot</b>	<input type="checkbox"/> M14.671	<input type="checkbox"/> M14.672		
	<b>Trimalleolar Fracture – Ankle</b>		<b>Synovitis and Tenosynovitis – Ankle</b>	<input type="checkbox"/> M65.871	<input type="checkbox"/> M65.872		
	Displaced	S82.851A    S82.852A	<b>Valgus Deformity – Ankle</b>	<input type="checkbox"/> M21.071	<input type="checkbox"/> M21.072		
	Non-Displaced	S82.854A    S82.855A	<b>Varus Deformity – Ankle</b>	<input type="checkbox"/> M21.171	<input type="checkbox"/> M22.172		
	<b>Pilon Fracture (Distal Tibia) – Ankle</b>		<b>Bone Cyst – Ankle</b>	<input type="checkbox"/> M85.871	<input type="checkbox"/> M85.872		
	Displaced	<input type="checkbox"/> S82.871A <input type="checkbox"/> S82.872A	<b>Contusion (Bone Bruise) – Ankle</b>	<input type="checkbox"/> S90.01XA	<input type="checkbox"/> S90.02XA		
	Non-Displaced	<input type="checkbox"/> S82.874A <input type="checkbox"/> S82.875A	<b>Cartilage Disorder – Ankle</b>	<input type="checkbox"/> M24.171	<input type="checkbox"/> M24.172		

**Hinge Options:**     ROM (Free Ankle Motion)     Fixed (Fixed models are adjustable to Free Ankle Motion)

<b>L-Code</b>	<input type="checkbox"/> Custom TayCo External Ankle Brace (No Substitutes)				<input type="checkbox"/> Acute TayCo External Ankle Brace (No Substitutes)			
	<input type="checkbox"/> L1970, AFO Plastic, Custom Molded, with ankle joint	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L1971, Custom Fit, Prefab, Articulated AFO	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Bilateral
	<input type="checkbox"/> L2820, Soft Interface, below knee	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Bilateral	<input type="checkbox"/> L2820, Soft Interface, below knee	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> Bilateral
	<input type="checkbox"/> L2755x2, Carbon fiber	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> 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<sup>1</sup>:** 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 rationale 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.