
DOCUMENT OF MEDICAL NECESSITY FOR CUSTOM AFO

Patient's Name: _____

Date of Birth: _____

Diagnosis: _____

Date: ____/____/____

This patient requires a custom molded to patient model ankle foot orthosis because:

Expected benefits of/ need for the orthoses (Check all appropriate):

- The patient could not be fit with a prefabricated AFO, or
 - The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months), or
 - Reasonable expectation of the ability to correct the contracture; and
 - Contracture is interfering or expected to interfere significantly with the beneficiary's functional abilities.
 - There is need to control the ankle or foot in more than one plane, or
 - Used as a component of a therapy program, which includes active stretching of the involved muscles and/or tendons.
 - The beneficiary has plantar fasciitis (see Diagnosis Codes that support medical necessity)
 - The patient has documented neurological, circulatory, or orthopedic condition that requires custom fabrication over a model to prevent tissue injury.
 - Other: _____.
-

Duration of need: 12 months Life PRN

Frequency of use: ____/ Times per day ____/Weeks ____/Months

L1960	<input type="checkbox"/>	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED
L1970	<input type="checkbox"/>	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED

PHYSICIANS SIGNATURE

NPI NUMBER

____/____/____
DATE