Document of Medical Necessity:

Custom Molded AFO

Patient Name: HICN: DOB: / / .

Prognosis: Duration of usage: 12 months Circle quantity: Bilateral Unilateral

Palm Beach AFO

**L1960** AFO, posterior solid ankle, plastic material, custom fabricated

**L2820** Addition to lower extremity orthosis, soft interface, below knee

**Dorsi Assist** Addition for lower extremity, dorsi flexor assist

LT **L2210**

RT **L2210**

Wellington Gauntlet

**L1940** Ankle foot orthosis, plastic or other material, custom fabricated

**L2820** Addition to lower extremity orthosis, soft interface, below knee

**L2330** Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only

Boca Brace

**L1970** Plastic material with an ankle joint addition

**L2820** Addition to lower extremity orthosis, soft interface for molded plastic

**Lateral Sling / Medial Sling**

**L1970, L2820**

**L2275** Addition to lower extremity, varus/valgus correction, plastic modification padded or lined**; L3480** Heel, pad and depression for spur

**Dorsi Assist**

**L1970, L2820**

**L2210** Addition for lower extremity, dorsi flexor assist

LT **L2210**

RT **L2210**

Stability Brace

**L1940** Ankle foot orthosis, plastic or other material, custom fabricated

**L2820** Addition to lower extremity orthosis, soft interface, below knee

**L2330** Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only

**I hereby certify that Mr./Mrs. qualifies for and will benefit from the product designated above based on the following criteria (check all that apply):**

* Partial or complete paralysis of one or more leg muscles
* Significant weakness, ataxia or gait abnormality
* Significant impairment of gait due to pain or ankle/ foot deformity
* Instability in gait with recurrent sprains or falls.

**The goal of this therapy: (check all that apply):**

* Improve mobility
* Improve lower extremity stability
* Decrease pain
* Decrease risk for fall

**Necessity of Ankle Foot Orthotic molded to patient model:**

A custom (vs. prefabricated) ankle foot orthosis has been prescribed based on the following criteria which are specific to the condition of this patient. (Check all that apply):

* The patient could not be fit with a prefabricated AFO
* The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months)
* There is need to control the ankle or foot in more than one plane
* The patient has a documented neurological, circulatory, or orthopedic condition that requires custom fabrication over a model to prevent tissue injury

I hereby certify that the ankle foot orthotic described above is a rigid or semi-rigid device which is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. It is designed to provide support and counterforce on the limb or body part that is being braced. In my opinion, the custom molded ankle foot orthosis is both reasonable and necessary in reference to accepted standards of medical practice in the treatment of the patient condition and rehabilitation.

Signature of Prescribing Physician: Type I NPI: Date: / / .