

# All in One Medical Necessity Document

**PATIENT NAME:**

**SSN:**

**DIAGNOSIS CODES:**

**ADULT ACQUIRED FLATFOOT (PTTD)**  Adult Acquired Flatfoot 734  Rupture, Tendon; Ankle & Foot 727.68

Pronation, Acquired 736.79

**DJD OF ANKLE & REARFOOT**  Osteoarthritis, Localized, Primary; Ankle & Foot 715.17

Pain, Joint; Ankle & Foot 719.47  Tarsal Coalition 755.67

**DROPTFOOT**  Dropfoot 736.79  Hemiplegia 438.20

**LATERAL ANKLE INSTABILITY**  Instability of Joint; Ankle & Foot 718.87  Calc-fib Ligament Sprain 845.02

**OTHER**

**DESCRIPTION OF ORTHOPEDIC BRACE AND BILLING CODES:**

The following Ankle/Foot-Orthopedic Brace & Component Parts have been dispensed to the above captioned patient on \_\_\_\_\_ (Date).

- L1970 AFO, plastic, molded to patient model with ankle joints
- L1940 AFO, plastic solid shell, molded to patient model
- L1971 AFO, plastic, with ankle joint, prefabricated
- L2820 Soft interface, below knee
- L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
- L2210 Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint
- \_\_\_\_\_

**PROGNOSIS:**

**DURATION OF TREATMENT WITH ORTHOPEDIC BRACE:**

**NECESSITY OF ANKLE/FOOT-ORTHOPEDIC BRACE MOLDED TO PATIENT MODEL:**

A custom (versus pre-fabricated) ankle-foot-orthosis has been prescribed based upon 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 documented neurological, circulatory, or orthopedic condition that requires custom fabrication over a model to prevent tissue injury**
- The patient has a healing fracture which lacks normal anatomical integrity or anthropometric proportions**

I hereby certify that the ankle-foot-orthosis 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 it is being braced.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Lic Number

\_\_\_\_\_  
Date