

# DOCUMENT OF MEDICAL NECESSITY FOR CUSTOM HINGED ANKLE-FOOT ORTHOSIS (MOLDED TO CAST MODEL OF PATIENT)

HCPC Code L1970: AFO, plastic molded to patient model, with ankle joint

PATIENT NAME:	
SSN:	

DIAGNOSIS CODES:	
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PROGNOSIS:	
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LENGTH OF TIME OF BRACE USAGE:	
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I hereby certify that the patient designated above qualifies for and will benefit from a custom hinged Ankle Foot Orthosis based on the following criteria checked below:

Severe deformity of the foot at either midtarsal, subtalar or ankle joints

Significant weakness of one or more lower leg muscles

Partial or complete tendon rupture

Significant pain due to tendon injury or ankle/foot joint deformity

Significant impairment of gait due to pain, or ankle/foot deformity, or weakness

Instability in gait with recurrent sprains or falls

Other: \_\_\_\_\_

The goal of the custom hinged ankle-foot orthosis therapy is to:

Support a deformed or weak segment of the lower extremity

Limit or restrict range of motion of one or more joints of the lower extremity

Decrease pain

Prevent ankle sprains or falls

The custom hinged plastic Ankle Foot Orthosis is molded to a custom plaster model made from an impression cast of the patient's foot and ankle. The severity of deformity and/or joint instability requires custom molding to achieve desired clinical results. This brace is prescribed for long-term use by the patient.

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(Signature of Prescribing Practitioner)

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(License Number)

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(Date)