

**Policy References:** [Local Coverage Determination Ankle-Foot/Knee-Ankle-Foot Orthosis \(L33686\)](#)

**Documentation References:** [Standard Documentation Requirements Policy Article \(PA\) A55426](#)

The treating clinician must complete the following items:

- [Standard Written Order \(SWO\)](#)
- Medical record documentation requirements (see below)

A custom fabricated orthosis is one which is individually made for a specific beneficiary (no other beneficiary would be able to use this orthosis). Documentation must provide detailed information to support the medical necessity of a custom fabricated rather than a prefabricated orthosis.

### **Ankle-foot Orthoses**

- Basic coverage for an orthosis if all following criteria are met:
  - The beneficiary is ambulatory
  - The beneficiary has a weakness or deformity of the foot and ankle
  - The beneficiary requires stabilization of the foot and ankle for medical reasons
  - The beneficiary has the potential to benefit functionally from the use of an AFO
- Additional coverage criteria for a custom fabricated orthosis if one of the following has been met:
  - The beneficiary could not be fit with a prefabricated orthosis
  - The condition necessitating the orthosis is expected to be permanent or of long-standing duration (more than 6 months)
  - There is a need to control the knee, ankle or foot in more than one plane
  - The beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating to prevent tissue injury
  - The beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions

### **Knee-ankle-foot Orthoses**

- All above coverage criteria are met; **and**
- Additional knee stability is required

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