



DOCUMENTATION CHECKLIST

Ankle Foot Orthosis – Knee Ankle Foot Orthosis

From Physician Records

History of condition

- Diagnosis and Diagnosis Code
- Affected Side, Symptoms
- Clinical course, therapeutic interventions and results
- Prognosis

Functional limitations

ADLs and how impacted by deficit(s)

- Diagnoses causing these symptoms
- Other co-morbidities
- Ambulatory assistance

Status/condition of the current orthosis

- Reason for replacement
- If repair is needed: statement of continued medical need

Past experience with orthoses/braces and other failed treatments

Physical examination

- Weight and height, weight loss/gain
- Presence of deformity
- Document swelling, tenderness, contractures, or spasticity, joint laxity/stability, range of motion (ROM)

Document that patient meets criteria for coverage

- Patient is ambulatory **and**
- For AFO: weakness/deformity of the foot and ankle or For KAFO weakness/deformity of the foot, ankle and knee and
- Requires stabilization of the foot and ankle (and knee for KAFO) due to a medical reason **and**
- Patient has potential to benefit functionally from an AFO/KAFO

If brace will be custom fabricated, one of the following must also be documented:

1. Permanent condition > 6 months
2. Patient could not fit prefabricated AFO/KAFO
3. Need to control knee, ankle, or foot in more than one plane
4. Documented neurological, circulatory, or orthopedic status requires custom fab over a model to prevent tissue injury
5. Healing fracture lacking normal anatomical integrity or anthropometric proportions

Physician Signature Requirements

- Physician Signature and Date on each chart note
- Notes are dated prior to delivery
- May be handwritten or electronic
- Each chart note includes printed name of physician or signature attestation attached