



PROSTHETICS & ORTHOTICS *restoring independence | renewing lives*

Meridian | Nampa

T | 208-342-4659 F | 208-342-8211

www.brownfieldstech.com

Dear Physician,

Your patient has chosen Brownfield's for a custom AFO or KAFO. Their insurance requires the following information:

IF A CUSTOM DEVICE IS NEEDED:

The prescription and corresponding chart notes must state patient requires a custom device versus prefabricated and why.

Your clinical notes must address at least one of the criteria listed below:

- 1. The beneficiary could not be fit with a prefabricated AFO; or,**
- 2. The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); or,**
- 3. There is a need to control the knee, ankle or foot in more than one plane; or,**
- 4. The beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or,**
- 5. The beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.**

There must be detailed documentation in the prescribing physician's records to support the medical necessity of custom fabricated rather than a prefabricated orthosis.

The prescribing physician's name must be clearly printed on the Rx. The Rx must be signed and dated. The date on this Rx must be on or after the date on the clinical notes.

Please visit the following link for more information:

https://med.noridianmedicare.com/documents/2230715/2240923/Ankle-Foot_Knee-Ankle-Foot+Orthosis.pdf/2126b31f-19c7-4e78-a82e-e6557035190b



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Patient: _____ DOB: _____

Rx Select Applicable:

Custom Brace (long term use, more than 1 plane of control)

Circle one: AFO KAFO

Select: Right Left Bilateral

Pre-fabricated Brace (less than 6 months of need)

Circle one: AFO KAFO

Select: Right Left Bilateral

ICD-10 code(s): _____

Diagnosis: _____

Length of Need: _____

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Physician's Phone: _____ Fax: _____