



CMS Documentation Requirements... AFO/ KAFO

Dispensing Prescription (initial physician order – IPO)

- Beneficiary's name
- Prescribing physician's name (printed as well as signed and dated)
- Date of order and start date (if start date is different than order date)
- Description of device being ordered (including affected side of the body – RT, LT, bilateral)
- Diagnosis **code** and **description**

Chart Notes

- Beneficiary's name
- Referral name (printed as well as signed and dated)
- Date
- Justification for AFOs and KAFOs **USED DURING AMBULATION**
 - Ankle-foot orthoses (AFO) are covered for ambulatory beneficiaries with weakness or deformity of the foot and ankle, who:
 - Require stabilization for medical reasons; **and**,
 - Have the potential to benefit functionally
 - Knee-ankle-foot orthoses (KAFO) are covered for ambulatory beneficiaries for whom an ankle-foot orthosis is covered and for whom additional knee stability is required.
- AFOs and KAFOs that are **CUSTOM** fabricated are covered for AMBULATORY beneficiaries when the basic coverage criteria listed above and one of the following criteria are met and DOCUMENTED in the patient's medical record:
 - The beneficiary could not be fit with a prefabricated AFO; **or**,
 - The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); **or**,
 - There is a need to control the knee, ankle or foot in more than one plane; **or**,
 - The beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; **or**,
 - The beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

Detailed Prescription

- Beneficiary's name
- Physician's name (the signature must match the printed name and NPI information reported)
- Date of the order and the start date (if start date is different from the date of the order)
- Detailed description of the item(s). The description must list the unique features of the base code that is billed plus every addition that will be billed on a separate claim line.
- Must be **signed and dated** by ordering physician (or PA or NP only if they have their own NPI, are PECOS certified and can bill Medicare. *Signature and date stamps are not allowed, electronic signatures are.*
- Duration circle "Indefinite" or write 99 months