Carbon Fiber AFOs (L1932 & L1951)

Coding & Documentation Examples

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Table of Contents

THRIVE ORTHOPEDICS

Achilles Tendinosis: Suggested Documentation Template When Dispensing the F3 Anterior AFO (L1932)

Patient Name:_____

Date of Service:_____

Patient Number:_____

Chief Complaint:_____

History of Present Illness:_____

_____

Prior treatment attempts include:_____

_____

Exam

The range of motion of the right ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantar flexion. There (is / is not) pain in this range of motion testing.

The range of motion of the left ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantar flexion. There (is / is not) pain in this range of motion testing.

The range of motion of the right (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain in this range of motion testing.

The range of motion of the left (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain in this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____/ 5 There (is / is not) pain with this testing.

Pain on palpation to the midband area of the right / left (choose one) Achilles tendon. There is some localized edema at the site of pain. Palpable thickening of the Achilles tendon at this area of tenderness. No defects or tears palpated. No redness or heat to the area.

Gait analysis: Limp with antalgic gait favoring the right / left (choose one) side. Reduction in step length. Reduced stride length. Increase in double limb support. Reduction in hip extension at heel strike. Reduction in knee flexion through the stance phase of gait. Reduction in knee extension during toe off. Reduction in ankle joint plantarflexion at mid-stance phase.

Assessment

Weakness and gait disturbance secondary to Achilles tendinosis right / left (choose one)

Plan

This patient has Achilles tendinosis. The patient is ambulatory, but the tendinosis is causing weakness, pain, and negatively impacting ambulation. This weakness should be addressed and providing stability to the affected Achilles tendon should a long way in helping. There are multiple potential medical complications of this weakness. The impact it can have on the patient's activity level can significantly affect other body systems negatively. Stabilization is required in the form of an Ankle Foot Orthosis (AFO) that can relieve tension in the area of tendinosis. This can result in a significant improvement in weakness and function. As described above, the function of multiple joints and muscle groups are being negatively impacted by achilles tendinosis. Addressing this with an AFO should improve function both in the short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the weakness and provide stabilization to the Achilles tendinosis, a rigid F3 Anterior AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the weakness described and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the F3 AFO. A heavy-duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature.

These recommendations are taken from Local Coverage Determination (LCD): Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686) and Local Coverage Article:
Ankle-Foot/Knee-Ankle-Foot Orthoses - Policy Article (A52457) from CGS Administrators, LLC and Noridian Healthcare Solutions, LLC, pertaining to services performed on or after 01/01/2017.

Suggested diagnosis codes to consider:

M76.61 Achilles tendinitis, right leg
M76.62 Achilles tendinitis, left leg
R26.2 Difficulty in walking, not elsewhere classified
M79.661 Pain in right lower leg
M79.662 Pain in left lower leg

THRIVE ORTHOPEDICS

Achilles Tendinosis: Suggested Documentation Template When Dispensing the F5 Posterior Spiral AFO (L1951)

Patient Name:_____

Date of Service:_____

Patient Number:_____

Chief Complaint:_____

History of Present Illness:_____

_____

Prior treatment attempts include:_____

_____

Exam

The range of motion of the right ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantar flexion. There (is / is not) pain in this range of motion testing.

The range of motion of the left ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantar flexion. There (is / is not) pain in this range of motion testing.

The range of motion of the right (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain in this range of motion testing.

The range of motion of the left (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain in this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____/ 5 There (is / is not) pain with this testing.

Pain on palpation to the midband area of the right / left (choose one) Achilles tendon. There is some localized edema at the site of pain. Palpable thickening of the Achilles tendon at this area of tenderness. No defects or tears palpated. No redness or heat to the area.

Gait analysis: Limp with antalgic gait favoring the right / left (choose one) side. Reduction in step length. Reduced stride length. Increase in double limb support. Reduction in hip extension at heel strike. Reduction in knee flexion through the stance phase of gait. Reduction in knee extension during toe off. Reduction in ankle joint plantarflexion at mid-stance phase.

Assessment

Weakness and gait disturbance secondary to Achilles tendinosis right / left (choose one)

Plan

This patient has Achilles tendinosis. The patient is ambulatory, but the tendinosis is causing weakness, pain, and negatively impacting ambulation. This weakness should be addressed and providing stability to the affected Achilles tendon should a long way in helping. There are multiple potential medical complications of this weakness. The impact it can have on the patient's activity level can significantly affect other body systems negatively. Stabilization is required in the form of an Ankle Foot Orthosis (AFO) that can relieve tension in the area of tendinosis. This can result in a significant improvement in weakness and function. As described above, the function of multiple joints and muscle groups are being negatively impacted by Achilles tendinosis. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the weakness and provide stabilization to the Achilles tendinosis, a rigid F5 Posterior Spiral AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the weakness described and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the F5 AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Suggested diagnosis codes to consider:

M76.61 Achilles tendinitis, right leg
M76.62 Achilles tendinitis, left leg
R26.2 Difficulty in walking, not elsewhere classified
M79.661 Pain in right lower leg
M79.662 Pain in left lower leg

Ankle Arthrosis: Suggested Documentation Template When Dispensing the F3 Anterior AFO (L1932)

Patient Name:_____

Date of Service:_____

Patient Number:_____

Chief Complaint:_____

History of Present Illness:_____

_____

Prior treatment attempts include:_____

_____

Exam

The range of motion of the right ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

The range of motion of the left ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

The range of motion of the right (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____/ 5 There (is / is not) pain with this testing.

Pain on palpation to the anterior, medial, and lateral aspects of the right / left (choose one) ankle. No ecchymosis and no point tenderness There is some localized edema over the right / left (choose one) ankle. No redness or heat to the area.

X-ray findings:_____

Gait analysis: Limp with antalgic gait favoring the right / left (choose one) side. Reduction in step length. Reduced stride length. Increase in double limb support. Reduction in hip extension at heel strike. Reduction in knee flexion through the stance phase of gait. Reduction in knee extension during toe off. Reduction in ankle joint dorsiflexion and plantarflexion throughout.

Assessment

Weakness and gait disturbance secondary to arthrosis of the right / left (choose one) ankle

Plan

This patient has chronic arthrosis of the ankle. The patient is ambulatory but the joint condition is causing weakness, pain, and negatively impacting ambulation. This weakness should be addressed and providing stability to the affected ankle joint should a long way in helping. There are multiple potential medical complications of this weakness. The impact it can have on the patient's activity level can significantly affect other body systems negatively. Stabilization of the ankle is required in the form of an Ankle Foot Orthosis (AFO). This can result in a significant improvement in weakness and function. As witnessed during the gait cycle analysis, the function of multiple joints and muscle groups are being negatively impacted by the ankle arthrosis. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the weakness and provide stabilization to the ankle joint, a rigid F3 Anterior AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the weakness described, stabilize the affected ankle, and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the F3 AFO. A heavy duty scissors was used to cut off the traced area from the forefoot.

Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Ankle-Foot/Knee-Ankle-Foot Orthoses - Policy Article (A52457) from CGS Administrators, LLC and Noridian Healthcare Solutions, LLC, pertaining to services performed on or after 01/01/2017.

Suggested diagnosis codes to consider:

M19.171 Post-traumatic osteoarthritis, right ankle and foot
M19.172 Post-traumatic osteoarthritis, left ankle and foot
R26.2 Difficulty in walking, not elsewhere classified
M25.571 Pain in right ankle and joints of right foot
M25.572 Pain in left ankle and joints of left foot

Ankle Arthrosis: Suggested Documentation Template When Dispensing the F5 Posterior Spiral AFO (L1951)

Patient Name:_____

Date of Service:_____

Patient Number:_____

Chief Complaint:_____

History of Present Illness:_____

_____

Prior treatment attempts include:_____

_____

Exam

The range of motion of the right ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

The range of motion of the left ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

The range of motion of the right (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ___ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ___ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____/ 5 There (is / is not) pain with this testing.

Pain on palpation to the anterior, medial, and lateral aspects of the right / left (choose one) ankle. No ecchymosis and no point tenderness There is some localized edema over the right / left (choose one) ankle. No redness or heat to the area.

X-ray findings:_____

Gait analysis: Limp with antalgic gait favoring the right / left (choose one) side. Reduction in step length. Reduced stride length. Increase in double limb support. Reduction in hip extension at heel strike. Reduction in knee flexion through the stance phase of gait. Reduction in knee extension during toe off. Reduction in ankle joint dorsiflexion and plantarflexion throughout.

Assessment

Weakness and gait disturbance secondary to arthrosis of the right / left (choose one) ankle

Plan

This patient has chronic arthrosis of the ankle. The patient is ambulatory but the joint condition is causing weakness, pain, and negatively impacting ambulation. This weakness should be addressed and providing stability to the affected ankle joint should a long way in helping. There are multiple potential medical complications of this weakness. The impact it can have on the patient's activity level can significantly affect other body systems negatively. Stabilization of the ankle is required in the form of an Ankle Foot Orthosis (AFO). This can result in a significant improvement in weakness and function. As witnessed during the gait cycle analysis, the function of multiple joints and muscle groups are being negatively impacted by the ankle arthrosis. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the weakness and provide stabilization to the ankle joint, a rigid F5 Posterior Spiral AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the weakness described, stabilize the affected ankle, and improve the function of the lower extremity. This brace extends above the ankle

and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the F5 AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Suggested diagnosis codes to consider:

M19.171 Post-traumatic osteoarthritis, right ankle and foot
M19.172 Post-traumatic osteoarthritis, left ankle and foot
R26.2 Difficulty in walking, not elsewhere classified
M25.571 Pain in right ankle and joints of right foot
M25.572 Pain in left ankle and joints of left foot

Equinus Deformity: Suggested Documentation Template When Dispensing the F3 Anterior AFO (L1932)

Patient Name:_____

Date of Service:_____

Patient Number:_____

Chief Complaint:_____

History of Present Illness:_____

_____

Prior treatment attempts include:_____

_____

Exam

The range of motion of the right ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the right (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ___ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ___ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____/ 5 There (is / is not) pain with this testing.

Despite this equinus deformity, the patient is ambulatory. However, their gait pattern is impacted by this equinus deformity and is causing deformity at other levels that are observed during gait analysis. During gait analysis, equinus is causing increase flexion of the (right / left) knee at heel strike. Because the ankle is not dorsiflexing as it should, there is also increased, abnormal pronation through the stance phase of gait (right / left). This is leading to an abnormal flattening of the arch.

Assessment

Equinus deformity right / left (choose one) with multilevel associated deformities involving the knee and foot

Plan

This patient has equinus deformity of the ankle. The patient is ambulatory but this deformity should be addressed and stabilized. There are multiple potential medical complications of equinus. It can cause pain, instability, gait disturbances, and other pathology to joints both proximal and distal to the ankle. It is for these reasons that stabilization is required in the form of an Ankle Foot Orthosis (AFO) that can address equinus. This can result in a significant improvement in function. As described above, the function of multiple joints and muscle groups are being negatively impacted by the patient's equinus. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the equinus deformity and provide stabilization, a rigid F3 Anterior AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the equinus deformity and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the F3 AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Suggested diagnosis codes to consider:

M67.01 Short Achilles tendon (acquired), right ankle
M67.02 Short Achilles tendon (acquired), left ankle
M24.571 Contracture, right ankle
M24.572 Contracture, left ankle
R26.2 Difficulty in walking, not elsewhere classified
M21.271 Flexion deformity, right ankle and toes
M21.272 Flexion deformity, left ankle and toes
M79.661 Pain in right lower leg
M79.662 Pain in left lower leg
M79.671 Pain in right foot
M79.672 Pain in left foot

Nothing in this document is intended to reflect or guarantee coverage or payment. Just because a coverage determination and/or article exist, payment for the service it describes is not guaranteed. Coverage and payment policies of governmental and private payers vary from time to time and for different areas of the country. Questions regarding coverage and payment by a payer should be directed to that payer. Thrive Orthopedics and its employees and consultants do not claim responsibility for any consequences or liability attributable to the use of any information, guidance, or advice contained in this document. This template does not suggest that only this information should be documented. All pertinent and required information should be documented.

Equinus Deformity: Suggested Documentation Template When Dispensing the F5 Spiral AFO (L1951)

Patient Name:_____

Date of Service:_____

Patient Number:_____

Chief Complaint:_____

History of Present Illness:_____

_____

Prior treatment attempts include:_____

_____

Exam

The range of motion of the right ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the right (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left (choose one) ankle with the knee fully extended is _____ degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ___ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ___ / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____/ 5 There (is / is not) pain with this testing.

Despite this equinus deformity, the patient is ambulatory. However, their gait pattern is impacted by this equinus deformity and is causing deformity at other levels that are observed during gait analysis. During gait analysis, equinus is causing increase flexion of the (right / left) knee at heel strike. Because the ankle is not dorsiflexing as it should, there is also increased, abnormal pronation through the stance phase of gait (right / left). This is leading to an abnormal flattening of the arch.

Assessment

Equinus deformity right / left (choose one) with multilevel associated deformities involving the knee and foot

Plan

This patient has equinus deformity of the ankle. The patient is ambulatory but this deformity should be addressed and stabilized. There are multiple potential medical complications of equinus. It can cause pain, instability, gait disturbances, and other pathology to joints both proximal and distal to the ankle. It is for these reasons that stabilization is required in the form of an Ankle Foot Orthosis (AFO) that can address equinus. This can result in a significant improvement in function. As described above, the function of multiple joints and muscle groups are being negatively impacted by the patient's equinus. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the equinus deformity and provide stabilization, a rigid F5 Posterior Spiral AFO for brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the equinus deformity and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the F5 AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

Suggested diagnosis codes to consider:

M67.01 Short Achilles tendon (acquired), right ankle
M67.02 Short Achilles tendon (acquired), left ankle
M24.571 Contracture, right ankle
M24.572 Contracture, left ankle
R26.2 Difficulty in walking, not elsewhere classified
M21.271 Flexion deformity, right ankle and toes
M21.272 Flexion deformity, left ankle and toes
M79.661 Pain in right lower leg
M79.662 Pain in left lower leg
M79.671 Pain in right foot
M79.672 Pain in left foot

These recommendations are taken from Local Coverage Determination (LCD): Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686) and Local Coverage Article: Ankle-Foot/Knee-Ankle-Foot Orthoses - Policy Article (A52457) from CGS Administrators, LLC and Noridian Healthcare Solutions, LLC, pertaining to services performed on or after 01/01/2017.

Midfoot Arthrosis: Suggested Documentation Template When Dispensing the F3 Anterior AFO (L1932)

Patient Name:_____

Date of Service:_____

Patient Number:_____

Chief Complaint:_____

History of Present Illness:_____

_____

Prior treatment attempts include:_____

_____

Exam

The range of motion of the right subtalar joint is _____degrees in pronation and _____ degrees in supination. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

The range of motion of the left subtalar joint is _____degrees in pronation and _____degrees in supination. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

Pain on palpation along the dorsal aspect of the midtarsal joint and to the medial / lateral (choose one or both) aspects of the subtalar joint. No ecchymosis and no point tenderness There is some localized edema over the right / left (choose one) midtarsal. No redness or heat to the area.

X-ray findings:_____

Gait analysis: Limp with antalgic gait favoring the right / left (choose one) side. Reduction in step length. Reduced stride length. Increase in double limb support. Reduction in hip extension at heel strike. Reduction in knee flexion through the stance phase of gait. Reduction

in knee extension during toe off. Reduction in both subtalar joint supination and pronation throughout.

Assessment

Weakness and gait disturbance secondary to arthrosis of the right / left (choose one) midfoot

Plan

This patient has chronic arthrosis of the midfoot. Proper function of the joints of the midfoot is necessary for normal ambulation and full strength. The patient is ambulatory but the joint condition is causing weakness, pain, and negatively impacting ambulation. This weakness should be addressed and providing stability to the affected midfoot should go a long way in helping. There are multiple potential medical complications of this weakness. The impact it can have on the patient's activity level can significantly affect other body systems negatively. Stabilization of the midfoot is required in the form of an Ankle Foot Orthosis (AFO). This can result in a significant improvement in weakness and function. As witnessed during the gait cycle analysis, the function of multiple joints and muscle groups are being negatively impacted by the midfoot arthrosis. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the weakness and provide stabilization to the ankle joint, a rigid F3 Anterior AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the weakness described, stabilize the affected ankle, and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the F3 AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty

information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

These recommendations are taken from Local Coverage Determination (LCD): Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686) and Local Coverage Article:
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Suggested diagnosis codes to consider:

M19.171 Post-traumatic osteoarthritis, right ankle and foot
M19.172 Post-traumatic osteoarthritis, left ankle and foot
R26.2 Difficulty in walking, not elsewhere classified
M25.571 Pain in right ankle and joints of right foot
M25.572 Pain in left ankle and joints of left foot
M79.671 Pain in right foot
M79.672 Pain in left foot

Midfoot Arthrosis: Suggested Documentation Template When Dispensing the F5 Spiral AFO (L1951)

Patient Name:_____

Date of Service:_____

Patient Number:_____

Chief Complaint:_____

History of Present Illness:_____

_____

Prior treatment attempts include:_____

_____

Exam

The range of motion of the right subtalar joint is _____degrees in pronation and _____ degrees in supination. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

The range of motion of the left subtalar joint is _____degrees in pronation and _____degrees in supination. There (is / is not) pain on this range of motion testing. There is / is not (choose one) crepitus on testing.

Pain on palpation along the dorsal aspect of the midtarsal joint and to the medial / lateral (choose one or both) aspects of the subtalar joint. No ecchymosis and no point tenderness There is some localized edema over the right / left (choose one) midtarsal. No redness or heat to the area.

X-ray findings:_____

Gait analysis: Limp with antalgic gait favoring the right / left (choose one) side. Reduction in step length. Reduced stride length. Increase in double limb support. Reduction in hip extension at heel strike. Reduction in knee flexion through the stance phase of gait. Reduction

in knee extension during toe off. Reduction in both subtalar joint supination and pronation throughout.

Assessment

Weakness and gait disturbance secondary to arthrosis of the right / left (choose one) midfoot

Plan

This patient has chronic arthrosis of the midfoot. Proper function of the joints of the midfoot is necessary for normal ambulation and full strength. The patient is ambulatory but the joint condition is causing weakness, pain, and negatively impacting ambulation. This weakness should be addressed and providing stability to the affected midfoot should go a long way in helping. There are multiple potential medical complications of this weakness. The impact it can have on the patient's activity level can significantly affect other body systems negatively. Stabilization of the midfoot is required in the form of an Ankle Foot Orthosis (AFO). This can result in a significant improvement in weakness and function. As witnessed during the gait cycle analysis, the function of multiple joints and muscle groups are being negatively impacted by the midfoot arthrosis. Addressing this with an AFO should improve function both short term and long term.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the weakness and provide stabilization to the ankle joint, a rigid F5 Posterior Spiral AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the weakness described, stabilize the affected ankle, and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the F5 AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty

information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Suggested diagnosis codes to consider:

M19.171 Post-traumatic osteoarthritis, right ankle and foot
M19.172 Post-traumatic osteoarthritis, left ankle and foot
R26.2 Difficulty in walking, not elsewhere classified
M25.571 Pain in right ankle and joints of right foot
M25.572 Pain in left ankle and joints of left foot
M79.671 Pain in right foot
M79.672 Pain in left foot

Foot Drop: Suggested Documentation Template When Dispensing the F3 Anterior AFO (L1932)

Patient Name:_____

Date of Service:_____

Patient Number:_____

Chief Complaint:_____

History of Present Illness:_____

_____

Prior treatment attempts include:_____

_____

Exam

The range of motion of the right ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the right ankle with the knee fully extended is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee fully extended is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____/ 5 There (is / is not) pain with this testing.

Gait analysis: Gait is slow and there is insufficient dorsiflexion of the right / left (choose one) ankle. The anterior portion of the right / left (choose one) foot is not lifting as it should and it is striking the ground more forcibly than it should. The right / left (choose one) thigh is raising more than normal indicative of steppage gait. The right / left (choose one) foot is / is not (choose one) dragging on the floor. There is a decreased / absent (choose one) heel strike on the right / left (choose one). Toe touch is occurring earlier than it should on right / left (choose one).

Patient is ambulatory. However, their gait pattern and ability to ambulate is impacted by the weakness of foot drop. This has deformed their gait pattern and is causing deformity at multiple levels of the lower extremity described above.

Assessment

Foot drop and associated weakness right / left (choose one) with associated gait disturbance

Plan

This patient has foot drop right / left (choose one) with associated gait disturbance. The patient is ambulatory, but with significant weakness and difficulty walking. This weakness should be addressed and stabilized to assist in ambulation and help to prevent falls. Besides potential falls and difficulty walking there are other medical reasons this weakness should be addressed. For one, the impact it can have on the patient's activity level can significantly affect other body systems negatively.
Stabilization is required in the form of an Ankle Foot Orthosis (AFO) that can address drop foot. This can result in a significant improvement in function by compensating for the weakness. This AFO should restore normal heel strike and restore dorsiflexion during the swing phase of gait.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the foot drop and provide stabilization and improve function, a rigid F3 Anterior AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the foot drop and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the F3 AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were sanded to ensure a

smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Suggested diagnosis codes to consider:

M21.371 Foot drop, right foot
M21.372 Foot drop, left foot
R26.2 Difficulty in walking, not elsewhere classified
R26.81 Unsteadiness on feet
R26.89 Other abnormalities of gait and mobility
M79.661 Pain in right lower leg
M79.662 Pain in left lower leg
M79.671 Pain in right foot
M79.672 Pain in left foot

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do not claim responsibility for any consequences or liability attributable to the use of any information, guidance, or advice contained in this document. This template does not suggest that only this information should be documented. All pertinent and required information should be documented.

Foot Drop: Suggested Documentation Template When Dispensing the F5 Spiral AFO (L1951)

Patient Name:_____

Date of Service:_____

Patient Number:_____

Chief Complaint:_____

History of Present Illness:_____

_____

Prior treatment attempts include:_____

_____

Exam

The range of motion of the right ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee bent is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the right ankle with the knee fully extended is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee fully extended is _____degrees in dorsiflexion and _____degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + ____/ 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + ____/ 5 There (is / is not) pain with this testing.

Gait analysis: Gait is slow and there is insufficient dorsiflexion of the right / left (choose one) ankle. The anterior portion of the right / left (choose one) foot is not lifting as it should and it is striking the ground more forcibly than it should. The right / left (choose one) thigh is raising more than normal indicative of steppage gait. The right / left (choose one) foot is / is not (choose one) dragging on the floor. There is a decreased / absent (choose one) heel strike on the right / left (choose one). Toe touch is occurring earlier than it should on right / left (choose one).

Patient is ambulatory. However, their gait pattern and ability to ambulate is impacted by the weakness of foot drop. This has deformed their gait pattern and is causing deformity at multiple levels of the lower extremity described above.

Assessment

Foot drop and associated weakness right / left (choose one) with associated gait disturbance

Plan

This patient has foot drop right / left (choose one) with associated gait disturbance. The patient is ambulatory, but with significant weakness and difficulty walking. This weakness should be addressed and stabilized to assist in ambulation and help to prevent falls. Besides potential falls and difficulty walking there are other medical reasons this weakness should be addressed. For one, the impact it can have on the patient's activity level can significantly affect other body systems negatively.
Stabilization is required in the form of an Ankle Foot Orthosis (AFO) that can address drop foot. This can result in a significant improvement in function by compensating for the weakness. This AFO should restore normal heel strike and restore dorsiflexion during the swing phase of gait.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the drop foot and provide stabilization and improve function, a rigid F5 Posterior Spiral AFO brace was dispensed today. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the equinus deformity and improve the function of the lower extremity. This brace extends above the ankle and is fastened around the lower leg. A size (XS, S, M, L) (choose one) was dispensed and its anterior shell height is (14, 15, 16, 17) inches. An outline of the patient's insole was traced onto the F5 AFO. A heavy duty scissors was used to cut off the traced area from the forefoot. Some rough edges were

sanded to ensure a smooth finish. The straps were adjusted to the proper fit and such that the patient's dexterity will allow further adjusting if needed.

The brace was assembled in accordance with the manufacturer's instructions and adjusted to fit the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Suggested diagnosis codes to consider:

M21.371 Foot drop, right foot
M21.372 Foot drop, left foot
R26.2 Difficulty in walking, not elsewhere classified
R26.81 Unsteadiness on feet
R26.89 Other abnormalities of gait and mobility
M79.661 Pain in right lower leg
M79.662 Pain in left lower leg
M79.671 Pain in right foot
M79.672 Pain in left foot

These recommendations are taken from Local Coverage Determination (LCD): Ankle-Foot/Knee-Ankle-Foot Orthosis (L33686) and Local Coverage Article:
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Imbalance: Documentation Example for Dispensing the F3 Carbon Fiber AFO (L1932)

Written by:
Dr. Jeffrey D. Lehrman, DPM, FASPS, MAPWCA, CPC, CPMA

Indication: Imbalance

Patient Name:

Date of Service:

Patient Number:

Chief Complaint:

History of Present Illness:

Prior treatment attempts include:

Exam

The range of motion of the right ankle with the knee bent is degrees in dorsiflexion and degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left ankle with the knee bent is degrees in dorsiflexion and degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the right (choose one) ankle with the knee fully extended is degrees in dorsiflexion and degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

The range of motion of the left (choose one) ankle with the knee fully extended is degrees in dorsiflexion and degrees in plantarflexion. There (is / is not) pain on this range of motion testing.

Muscle strength testing of ankle dorsiflexion right: + / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle dorsiflexion left: + / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion right: + / 5 There (is / is not) pain with this testing.

Muscle strength testing of ankle plantarflexion left: + / 5 There (is / is not) pain with this testing.

Gait analysis: Patient is unsteady, demonstrating weakness and imbalance throughout all phases of the gait cycle. Gait is slow and there is insufficient dorsiflexion of the right / left (choose one) ankle. Patient is instinctively extending an arm toward the wall, prepared to brace themselves if needed at haphazard points of the gait analysis exam.

Assessment
Weakness of bilateral lower extremity and related imbalance

Plan
This patient has weakness with related imbalance that creates a risk for falls and the morbidity and mortality associated with falls. The patient is ambulatory, but this weakness is negatively impacting ambulation. This weakness should be addressed to try to improve function and decrease risk of falling. This is best accomplished via stabilization of the lower extremity. The patient has enough ambulation function that they do have the potential to benefit functionally from brace stabilization. This stabilization should improve their balance and therefore improve function and decrease the risk of falling.

Stabilization is required in the form of an ankle-foot-orthosis (AFO). Addressing this weakness with an AFO should improve function both short term and long term. Thus, stabilization is required, and this patient has the potential to benefit functionally.

The patient's need for this brace did not begin during a hospitalization or a SNF stay.

To address the weakness and imbalance and provide needed stabilization, a rigid F3 Dynamic Feedback Anterior AFO brace was dispensed today for use on the right / left (choose one). This is a prefabricated AFO with a rigid anterior tibial section that is made of carbon fiber. The patient will wear this while ambulating. The rigidity of this brace is sufficient to address the weakness described and improve the function of the lower extremity. This brace extends well above the ankle and is fastened around the lower leg above the ankle. A size (XS, S, M, L, XL) (choose one) was dispensed and its anterior shell height is (13, 14, 15, 16, 17) inches.

To ensure proper fit, this item was custom fitted to the patient by myself, a physician with specialized training in the fitting and provision of AFO's. I traced an outline of the patient's insole onto the F3 Dynamic Feedback Anterior AFO brace. I then used a heavy-duty scissors *[and Dremel saw] [and grinder] (choose if appropriate)* to cut off the traced area from the forefoot segment of the brace. I then ensured a smooth finish was in place throughout the device by sanding rough edges in accordance with the contours of the patient's anatomy. I also adjusted the straps so that when the patient applies the brace, their foot and ankle will be properly situated in the optimal functional position. Additionally, I sanded the leg cuff so that it matched the contours of the patient's leg, ensuring no impingement was taking place in this area. All of this custom fitting was more than minimal self-adjustment and medically necessary to provide an

individualized fit. These alterations were beyond self-adjustment, required my specialized expertise, and could not have been safely performed by the patient alone.

The brace was assembled in accordance with the manufacturer's instructions and custom fitted to the patient as described above. The patient was examined while wearing the brace and ambulating in the brace and after the fitting was complete, the fit was appropriate. The patient stated it was comfortable.

The goals and function of this device were explained in detail to the patient. The patient was shown how to properly apply, remove, wear and care for the device. The patient was able to apply and remove the device properly without assistance when we were done. The brace was suitable for the condition and not substandard. No guarantees regarding resolution of symptoms were given and precautions were reviewed. Written instructions and warranty information were given along with the list of the current Durable Medical Equipment Supplier Standards. The patient signed a written proof of delivery. All questions were answered to their satisfaction.

Provider printed name and signature

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Ankle-Foot/Knee-Ankle-Foot Orthoses - Policy Article (A52457) from CGS Administrators, LLC and Noridian Healthcare Solutions, LLC

Suggested diagnosis codes to consider:
R26.0 Ataxic gait
R26.1 Paralytic gait
R26.2 Difficulty in walking, not elsewhere classified
R26.81 Unsteadiness on feet
R26.89 Other abnormalities of gait and mobility
R53.1 Weakness