

Policy requirements Orthotists note	Patient interview data	Score
KAFO covered if ambulatory	Documentation of ambulation	
	Reason and amount of ambulation	
And if patient has	Weakness or deformity documented	
	And medical reason for stabilization	
	And functional benefit	
	Detail about functionality with brace	
Custom KAFO	Reason for inability to be fit with non-custom	
	Or condition is longstanding	
	Or need for control in more than one plane	
	Detail about the plane and why	
Corroboration with doctor	Restatement of neurological or circulatory, or orthopedic status that requires custom	
	Or description of healing fracture or non-standard proportions	
	Detail about non-standard proportions	
Total for Orthotists note		/100

Policy requirements Doctors note	Patient interview data	Score
Medical necessity	Documentation of neurological or circulatory, or orthopedic status that requires custom	
	Or documentation of healing fracture or non-standard proportions	
	Detail about non-standard proportions	
	Medical necessity in notes not just in LMN, Rx, or DWO	
	Nature of the deformity or medical problem	
Functional benefit	Manner in which the KAFO will restore or improve bodily function	
	Detail about the above	
Method of fitting	Type of orthosis and method of fitting (OTS, custom fit, or custom made)	
	Reason for custom over OTS or custom fit	
Total for doctors note		/100

KAFO's are covered for ambulatory beneficiaries who:

Have weakness or deformity of the foot and ankle and knee¹

And require stabilization for medical reasons¹

And have the potential to benefit functionally. ¹

KAFO's are covered for beneficiaries for whom additional knee stability is required for custom fabricated KAFO's, the beneficiary must have ¹

Beneficiary could not be fit with a prefabricated KAFO or ¹

The condition is expected to be permanent or long standing (more than 6 months) or¹

There is a need to control the knee, ankle, or foot in more than one plane or¹

Beneficiary has a documented (in medical records) neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury or¹

A healing fracture that lacks normal anatomical integrity or anthropometric proportions¹

Is there support for each of the above in patient specific terms?²

Physician must state type of orthosis and method of fitting. Medical record must justify method of fitting.¹

For custom fabricated orthoses, there must be detailed documentation in the treating physician's records to support the medical necessity of custom fabricated rather than a prefabricated orthosis¹

Is the information in the orthotist notes corroborated by the doctor's notes?³

Is there medical necessity in the doctor's notes, not just on the LMN, Rx or DWO?⁴

Does the doctors note state the exact nature of the deformity or medical problem?⁵

Is the manner in which the equipment or device will restore or improve the bodily function explained by the physician?⁶

Disclosure⁷

¹ LCD for lower limb orthotics and policy article

² PIM Chapter 3, section 3.3.2.1.1

³ PIM Chapter 3, section 3.3.2.1

⁴ PIM Chapter 3, section 3.3.2.1.1

⁵ PIM Chapter 5, section 5.9

⁶ PIM Chapter 5, section 5.9

⁷ *Any and all coding, billing, or documentation is the sole responsibility of the practitioner seeing the patient.