

Information that must be documented in the physician's notes for <u>Medicare</u> coverage of Custom KAFO (knee, ankle, foot orthosis)

- Patient is ambulatory and has a desire to ambulate
- Why patient can't wear an off the shelf brace
- Noted weakness or deformity of the knee, foot, ankle, and the potential to benefit functionally.
- Document that an "off the shelf" KAFO was considered, note the reason(s) why they will not work for the patient. (see list below)
- A Rx is written for "custom KAFO brace"

(At least one of the following justifications for custom must be documented)

- 1. Patient will wear the brace longer than 6months or
- 2. Patient could not wear and an off the shelf (explain why)
- 3. There is a need to control the knee, ankle or foot in more than one plane, or
- 4. Patient has a documented neurological, circulatory, or orthopedic status that requires custom fabrication to prevent tissue injury. (i.e. Diabetes, Charcot)