

## Medicare Documentation Requirements – Ankle Foot Orthosis (AFO)

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**Patient:**

**DOB:**

**Note:** Medicare requires an objective description of pertinent information. The following information must be included in the ordering Physician, ARNP, or PA-C's medical chart notes.

*\*AFO's will be denied if only pain or a subjective description of joint instability is documented\**

**Please document all items below in your chart note, even if it is not applicable.**

1. Ordering prescription with an ICD-10 diagnosis.
2. Specifically state if patient is ambulatory (Medicare requires all patients to be ambulatory to be considered for an orthosis).
3. Patient symptoms – list **all**.
  - a. **How** are the patient's activities of daily living affected by deficit(s)?
  - b. Comorbidities that may impact use of brace?
4. Attempted treatments and results (injections, rest, ice, etc.)?
5. Physical therapy? Results?
6. Prognosis of condition:
  - a. Without brace?
  - b. Desired functional benefit from brace?
7. Required assistive devices (cane, walker, wheelchair, caregiver)?
8. Past or current experience with orthosis - brace successful / failed and **why**. State N/A if necessary.
9. Status of current orthosis and reason for replacement (broken, poor fit, functional requirement)?
10. Weight, height, and or loss/gain.
11. Musculoskeletal examination:
  - a. Specifically describe if there is swelling, contracture, spasticity, joint laxity, weakness.
  - b. List specific ankle instability.
  - c. Manual muscle test results.
  - d. Range of motion (ROM) 0/5.

Note:

○ = Documentation needed    ✓ = Documentation received or already noted in chart note/addendum