



Ankle Foot Orthosis (AFO) or Knee Ankle Foot Orthosis (KAFO)
Prior Authorization (PA) Request Form
(Incomplete Form May Delay Processing)

Table with 2 columns: Provider Information and Member Information. Rows include fields for Ordering Physician Name, NPI #, Member Name, Office Phone/Fax, Contact Name, Member ID #, Vendor Name, NPI #, Member's Date of Birth, Vendor Phone/Fax, Contact Name, and Member's Phone #.

ICD-10 Code(s):

Please answer questions below

HCPCS code(s) (REQUIRED):

Please provide the following information:

1. What is the date of delivery/purchase? _/ _/ _ _ _ _

2. Why is the support device needed?

Three horizontal lines for providing the answer to question 2.

3. If the request is for a spring loaded orthotic device or static progressive stretch device, please answer the following:

a. Has the member failed conventional treatment for restoring joint motion? (ex. exercise or Physical Therapy)? ... Yes No

4. If the request is for a custom AFO/KAFO not used for ambulation (L4396, L4397), please answer the following:

a. Is there plantar flexion contracture of the ankle with dorsiflexion or passive range of motion testing of at least 10 degrees? ... Yes No

b. Is there reasonable expectation of the ability to correct the contracture? ... Yes No

c. Does the contracture interfere or is it expected to interfere significantly with the member's functional abilities? ... Yes No

d. Is the member participating in a physical therapy program, and is the orthotic a component of the program which includes active stretching of the involved muscle and/or tendons? ... Yes No

e. Does the member have plantar fasciitis? ... Yes No

5. If the request is for AFOs/KAFOs used during ambulation (L1900, L1902-L1990, L2106-L2116, L4350, L4360, L4361, L4386, L4387, L4631), please answer the following:

a. Does the member have weakness or deformity of the foot and ankle? ... Yes No



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- b. Does the member require stabilization?
c. Does the member have potential to benefit functionally?

6. If the request is for KAFOs used during ambulation (L2000-L2038, L2126-L2136, L4370), please answer the following:

- a. Does the member have weakness or deformity of the foot and ankle?
b. Does the member require stabilization?
c. Does the member have potential to benefit functionally?
d. Does the member require additional knee stability?

7. If the AFOs/KAFO is custom fabricated, please answer the following:

- a. Could the member not be fitted for a prefabricated AFO?
b. Is the condition requiring the orthosis expected to be permanent (>6 months)?
c. Does the ankle, knee or foot need to be controlled in more than one plane?
d. Does the member have documented neurological, circulatory, or orthopedic compromise requiring customization to prevent tissue damage?
e. Does the member have a healing fracture that is not in normal anatomical position?

8. If the request is for a concentric adjustable torsion mechanism (L2999), please answer the following:

- a. Is there a need to assist knee joint extension and ankle joint plantar flexion or dorsiflexion?
b. Is there a coexisting joint contracture?

9. If the request is for concentric adjustable torsion style mechanisms (E1810 and/or E1815), please answer the following:

- a. Does the member have contractures?

I certify that I have appropriate authority to request an organization determination for the item(s) indicated on this request. I further certify that the patient's medical records accurately reflect the information provided. I understand that Experience Health Medicare Advantage SM (HMO) may request medical records for this patient at any time in order to verify this information.

Signature: _____ Date: _____

Please Return Completed Form to:

Fax 1-919-765-7805
For questions, please call Care Management at 1-833-941-0107

Experience Health Medicare Advantage SM is a HMO plan. This plan has a Medicare contract. Enrollment in this plan depends on contract renewal.