

Documentation Checklist for AFOs and KAFOs (attach to chart)

January 1, 2018

From Physician Records
History of condition
<input type="checkbox"/> Diagnosis and Diagnosis Code
<input type="checkbox"/> Affected Side, Symptoms
<input type="checkbox"/> Clinical course, therapeutic interventions and results
<input type="checkbox"/> Prognosis
Functional limitations
<input type="checkbox"/> ADLs and how impacted by deficit(s)
<input type="checkbox"/> Diagnoses causing these symptoms
<input type="checkbox"/> Other co-morbidities
<input type="checkbox"/> Ambulatory assistance
Status/condition of the current orthosis
<input type="checkbox"/> Reason for replacement
Past experience
<input type="checkbox"/> With other orthoses and braces
<input type="checkbox"/> Other failed treatments
Physical examination
<input type="checkbox"/> Weight and height, weight loss/gain
<input type="checkbox"/> Presence of deformity
<input type="checkbox"/> Document swelling, tenderness, contractures, or spasticity, joint laxity/stability, range of motion (ROM)
Document that patient meets criteria for coverage
<input type="checkbox"/> Patient is ambulatory
<input type="checkbox"/> Requires stabilization of the foot and ankle (and knee for KAFO) due to a medical reason and
<input type="checkbox"/> Patient has potential to benefit functionally from an AFO/KAFO
If brace will be custom fabricated, <u>one</u> of the following must also be documented:
1. Permanent condition > 6 months
2. Patient could not fit prefabricated AFO/KAFO
3. Need to control knee, ankle, or foot in more than one plane
4. Documented neurological, circulatory, or orthopedic status requires custom fab over a model to prevent tissue injury
5. Healing fracture lacking normal anatomical integrity or anthropometric proportions
If the brace is a stance control orthosis (SCO) the following must also be documented:
<input type="checkbox"/> Medical need for a stance control orthosis and why patient cannot use a standard KAFO
<input type="checkbox"/> If electronic: Reason why patient cannot use a non-electronic stance control orthosis
Recommendation for type of orthosis and rationale for decision
<input type="checkbox"/> Type of orthosis
<input type="checkbox"/> Rationale for decision
<input type="checkbox"/> Patient must be clearly identified on each page

Orthotist Records
<input type="checkbox"/> History of orthosis being replaced, description of labor, and reason for replacement (loss, damage, significant change). Must still be medically necessary.
<input type="checkbox"/> Functional evaluation
<input type="checkbox"/> Recommendation for new orthosis: type/brand and fit
<input type="checkbox"/> Describe modifications (trim, bend, mold, assemble, etc.)
<input type="checkbox"/> If custom fabricated: records should describe method used to make positive model, basic materials, labor and fitting.
<input type="checkbox"/> Dated chart note for each visit
<input type="checkbox"/> Patient name on each page