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Detailed Written Order for L1971

Patient: _____ Date: _____

Based on the patient's history, examination and diagnosis below I'm prescribing:

- L1971 Ankle foot orthosis (AFO), plastic or other material with ankle joint, prefabricated, includes fitting and adjustment

A custom fabricated Orthosis is covered when there is a documented physical characteristic which requires the use of a custom fabricated Orthosis instead of a prefabricated Orthosis. Examples of situations which meet the criterion for a custom fabricated Orthosis include, but are not limited to:

1. Require stabilization for medical reasons
2. The patient has the benefit functionally

Medical Necessity for Ankle Brace

- The beneficiary could not be fit with a prefabricated AFO; or,
- The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); or,
- There is a need to control the knee, ankle or foot in more than one plane; or,
- The beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or,
- The beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

Common Indications

- M21.6X1 Pronation right ankle, acquired
- M21.6X2 Pronation left ankle, acquired
- M19.071 Osteoarthritis, ankle, right
- M19.072 Osteoarthritis, ankle, left
- M25.571 Pain in right ankle and joints of right foot
- M25.572 Pain in left ankle and joints or left foot
- M77.51 Enthesopathy of ankle and tarsus, right
- M77.52 Enthesopathy of ankle and tarsus, left

I, the undersigned, confirm the order for the above-named patient. I also certify that the prescribed treatment is medically necessary for this patient's well-being. In my opinion, the prescribed treatment is both reasonable and necessary in reference to accepted standards of medical practice within the community in treatment of this patient's condition.

Prescriber's Signature: _____ Date: _____