An Ankle-Foot Orthosis (AFO) may be indicated when **ALL** of the following are present:

1. The ordering provider has documented a specific process causing weakness or deformity of the foot and ankle and documented the deficit on physical examination.

2. The ordering provider has documented that stabilization is required for medical reasons.

3. The ordering provider has documented that the member is ambulatory and has the potential to benefit functionally.

4. The AFO is not prescribed solely for the prevention or treatment of a heel pressure ulcer.

5. The AFO is not prescribed solely for the treatment of edema.

6. The ordering provider has documented that the most cost effective orthosis (prefabricated or off the shelf) was first considered and if that product cannot accommodate the needs of the member, a statement of why a custom orthosis is required has been provided.

**SOURCES**


CODE REFERENCE  (This may not be a comprehensive list of codes to apply to this policy.)

L 4631 Charcot Restraint Orthotic Walker ("CROW boot")

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<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>09/25/15</td>
<td>Annual review and approval by UM Committee</td>
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<tr>
<td>06/16/16</td>
<td>Code L 4631 added</td>
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<tr>
<td>06/14/17</td>
<td>Reviewed – no changes</td>
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