# Custom Made KAFO

Howard Orthotics and Prosthetics

Roger R. Howard, CPO
*Director*

Name: _____ DOB: _____

Address: _____

_____

Referring Physician: _____

Diagnosis: _____

**Rx:**

**CUSTOM MADE**
**LEFT/RIGHT**
**KAFO**

ICD-10 DX:_____

Signature: _____
*(Handwritten)*

Date: _____ NPI: _____
*(Handwritten)*

DESIGNS FOR YOUR LIFESTYLE

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At a minimum, the following needs to be in **Doctor's Progress Note** to ***establish medical necessity*** in order for a patient's health insurance to cover the cost of an orthosis:

1. Patient is ambulatory/non-ambulatory.
2. Patient exhibits weakness or deformity of the foot, ankle or knee. Patient has the potential for functional benefit with orthotic treatment.
3. At least **one** of the following criteria must be met for coverage purposes:
   - A prefabricated KAFO was fit to the patient and deemed inappropriate.
   - The condition necessitating the need for the orthosis is expected to exist for more than 6 months.
   - The ankle, foot, and/or knee require(s) control in more than one plane.