Compliance Documentation Pack
Custom Molded Goutlet - Precasting Packet

To be completed by physician:

Biomechanical Evaluation Form (Medical Record Information)
☐ Documents medical necessity

Document of Medical Necessity
☐ Justifies qualification for use of AFO
☐ Details reason for prefabricated versus custom device
☐ Justifies level of fitting (off-the-shelf versus custom-fitted)
☐ Justifies code(s) selected

Prescription
☐ Description of the items
☐ Patient Name
☐ Physician’s printed name
☐ Diagnosis
☐ Physician’s signature (no stamps allowed)
☐ Date (no stamps allowed)
☐ Indication if right and/or left limb affected

To be given to Patient:

Proof of Delivery
☐ Patient Printed Name
☐ Date of delivery
☐ Item Description
☐ Item Code(s)
☐ Patient Signature
☐ Patient Address

DMEPOS Supplier Standards

To be completed by Supplier / Physician:

Dispensing Chart Notes
☐ Type of orthosis
☐ Describes method of fitting
☐ Documents patient satisfaction
* Confirms delivery of Supplier Standards
# Biomechanical Evaluation Form

**Patient Name:**

**Chief Complaint:**

**History of problem:**

- Nature of discomfort/pain
- Location (anatomic)
- Duration
- Onset
- Course
- Aggravating and/or alleviating factors

<table>
<thead>
<tr>
<th>Left</th>
<th>Stance Evaluation:</th>
<th>Right</th>
<th>Normative values:</th>
<th>Treatments and response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angle of gait: →</td>
<td></td>
<td>Base of gait: →</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tibial influence</td>
<td></td>
<td>0°-2° varus or valgus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relaxed calcaneal stance position (RCSP)</td>
<td></td>
<td>0°</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutral calcaneal stance position (NCSP)</td>
<td></td>
<td>0°</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Non-Weight Bearing Evaluation:**

- **Left:**
  - Limb length: →
- **Right:**
  - Limb length: Equal
- **Angle of gait:** →
- **Base of gait:** →
- **Foot appearance:**
- **Tibial influence:**
- **Foot alignment:**
  - 0°-2° varus or valgus
- **Relaxed calcaneal stance position (RCSP):**
  - 0°
- **Neutral calcaneal stance position (NCSP):**
  - 0°

**Treatments and response:**

**Muscle testing (extrinsics):**

- Invertors: 5/5: normal strength
- Evertors: 5/5: normal strength
- Dorsiflexors: 5/5: normal strength
- Plantarflexors: 5/5: normal strength

**Neurological testing:**

- Romberg: Balance intact
- Patellar reflex: 2+ normal
- Achilles reflex: 2+ normal
- Babinski: No halluc extension
- Clonus: Absent
- Protective sensation: Present

**Gait Evaluation -**

- Gait pattern
- Comment on head/shoulders, spine, pelvis, sagittal/transverse/frontal plane, postural, etc.
- Footgear (size/width, wear pattern(s)): →
- Existing orthoses/type: →
- Weight: →
- Height: →

**Biomechanical assessment:**

**Treatment plan:**

**Enter assistant name**

**Enter date of exam**

**Signature of assistant**

**Signature of physician**

*Created by:*

The Medicare Program Integrity Manual states that “For any DMEPOS item to be covered by Medicare, the patients medical record contains sufficient documentation of the patients medical condition to substantiate the necessity for the type and quantity of the items ordered.*
Document of Medical Necessity: Custom Molded Gauntlet

Patient Name: _______________________________________  HICN: __________________________

Prognosis: Good  Duration of usage: 12 Months

I certify that Mr. / Ms. ____________________________________________ qualifies for and will benefit from an ankle foot orthosis used during ambulation based on meeting all of the following criteria. The patient is:

• Ambulatory, and
• Has weakness or deformity of the foot and ankle, and
• Requires stabilization for medical reasons, and
• Has the potential to benefit functionally

The patient's medical record contains sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of the items ordered.

The goal of this therapy: (indicate all that apply)

☐ Improve mobility
☐ Improve lower extremity stability
☐ Decrease pain
☐ Facilitate soft tissue healing
☐ Facilitate immobilization, healing and treatment of an injury

Necessity of Ankle Foot Orthotic molded to patient model:

A custom (vs. prefabricated) ankle foot orthosis has been prescribed based on the following criteria which are specific to the condition of this patient. (indicate all that apply)

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

I hereby certify that the ankle foot orthotic described above is a rigid or semi-rigid device which is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. It is designed to provide support and counterforce on the limb or body part that is being braced. In my opinion, the custom molded ankle foot orthosis is both reasonable and necessary in reference to accepted standards of medical practice in the treatment of the patient condition and rehabilitation.

Signature of Prescribing Physician: _______________________________ Type I NPI: _____________ Date: ______/______/______

Printed Name of Prescribing Physician ________________________________________ Phone: ____________________________
Rx: Custom Molded Gauntlet

Prognosis: Good    Duration of usage: 12 Months

Product Information (Check brand and model, circle base code and addition(s)):

- **Arizona Brace® Standard, Tall, AZ Sporty™, AZ Breeze™, Moore Balance Brace™**
  - R  L  L1940 Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
  - R  L  L2330 Addition to lower extremity, lacer molded to patient model
  - R  L  L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section

- **Arizona Brace® - Articulated**
  - R  L  L1970 A semi-rigid molded plastic orthosis to hold the foot in neutral position (dorsi-plantar flexion), controls foot position, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
  - R  L  L2330 Addition to lower extremity, lacer molded to patient model
  - R  L  L2820 Addition to lower extremity orthosis, soft interface for mold plastic below knee section
  - If Dorsiflex assist, ADD: L2210 Addition to lower extremity, dorsiflexion assist (plantar flexion resist), (two per brace)

- **AZ Slim™**
  - R  L  L1904 AFO molded ankle gauntlet
  - R  L  L2330 Addition to lower extremity, lacer molded to patient model
  - R  L  L2820 Addition to lower extremity orthosis, soft interface for plastic below knee section

DX: (indicate all that apply) - Corresponds to Biomechanical Examination Form

- Adult Acquired Flatfoot (PTTD)
  - Flat foot [pes planus] (acquired)
    - right (M21.41) left (M21.42)
  - Spontaneous rupture of other tendons, ankle and foot
    - right (M66.871) left (M66.872)
  - Disorder of ligament, ankle
    - right (M24.271) left (M24.272)
  - Disorder of ligament, foot
    - right (M24.274) left (M24.275)
  - Other acquired deformities of foot
    - right (M21.6X1) left (M21.6X2)

- Foot Risk / Imbalance
  - Muscle weakness, generalized (M62.81)
  - Ataxic gait (R26.0)
  - Difficulty in walking (R26.2)
  - Unsteadiness on feet (R26.81)
  - Other abnormalities of gait and mobility (R26.89)
  - Condition is bilateral

- Therapeutic Objective(s): (indicate all that apply)
  - Improve mobility
  - Facilitate soft tissue healing
  - Improve lower extremity stability
  - Decrease pain
  - Facilitate immobilization, healing and treatment of an injury

Signature of Prescribing Physician: ___________________________    Type I NPI: _______________    Order Date: ______/_______/_______

(Must be current with CMS)
Gauntlet AFO Collection

Arizona Brace®
- Standard (5” above ankle)  □  Tall (9” above ankle)
  Color:  □  Sand  □  Black  □  White  □  Brown  □  Pink
  Closure:  □  Laces  □  Velcro  □  Speed Laces  □  Boot Hook

Arizona Brace® - Articulated
- Standard  □  Tall  □  Extended
  Color:  □  Sand  □  Black  □  White  □  Brown  □  Pink
  Closure:  □  Laces  □  Velcro  □  Speed Laces  □  Boot Hook
  Hinge:  □  Tamarack  □  Tamarack Dorsi - Assist

AZ Breeze™
- Color:  □  Sand  □  Black
  Closure:  □  Laces  □  Velcro  □  Speed Laces  □  Boot Hook

Moore Balance Brace™
- Color:  □  Sand  □  Black
  Closure:  □  Laces  □  Velcro

Additional Charge options: □  Foot plate to end of toes (Our standard trim length is proximal to met heads)  □  Removable, multi density insole

Patient Information: Patient Name: ___________________________ Height: ________ Weight: ________
- □ Right Foot  □ Left Foot  □ Bilateral

Shipping and Billing Information:  Bill to my account:  □ Arizona  □ SafeStep  □ Langer  Account # ____________

Practitioner: ___________________________ Email: ___________________________

Facility Name: ___________________________ Phone: ___________________________

Fax: ___________________________

Ship to address: _______________________________________________________________________________

Manufacturing and shipping:  MFG:  □ 3 Business Days ($75.00) □ 7 Business Days ($50.00)
- Ship:  □ Ground  □ 3 Day Air  □ 2 Day Air  □ Overnight  □ Other: ___________________________

Special Instructions: If you do not want the dorsi-plantar angle of the cast set to our recommendations, please choose:
- □ Leave cast exactly as is  □ Correct Ankle Varus / Valgus  □ Correct Forefoot to Neutral  □ Other ___________________________

Remarks: ____________________________________________________________________________________

The OHI Family of Brands