

Document of Medical Necessity: Zero-G Ankle Foot Orthosis

Patient Name: _____ DOB: ____/____/____

Prognosis: Good / Fair / Poor

Product Name: Zero-G Ankle Foot Orthosis **Lt. Rt.**
L1971, L2220, L2220, L2265

I hereby certify that Mr. / Ms. _____ qualifies for and will benefit from the product designated above based on the following criteria (check all that apply):

- Subluxation of the foot at either the midtarsal, subtalar or ankle joints (Charcot)
- Partial or complete paralysis of one or more leg muscles.
- Significant pain due to tendon injury or ankle / foot joint deformity or collapse.
- Significant impairment of gait due to pain or ankle / foot deformity.
- Instability in gait with recurrent sprains or falls.

The goal of this therapy: (check 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:

This prefabricated ankle foot orthosis (Zero-G) has been prescribed based on the following criteria which are specific to the condition of this patient. (Check all that apply)

- The patient could not be fit with a traditional prefabricated AFO (CAM Walker, or Pneumatic Walker)
- The condition necessitating the AFO is expected to be of a semi- longstanding duration
- 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 this specialized type of prefabricated AFO designed to dramatically reduce pressure to the foot/ankle and to immobilize the joints and soft tissue structures of the foot and ankle
- The patient has an orthopedic condition 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 Zero-G Prefabricated 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.

Dr. _____ Phone: _____

Signature: _____ Type I NPI: _____ Date: ____/____/____