TayCo Brace, LLC

taycobrace.com | Customer Service 877.462.0711 | Fax 248.928.0477

AFO Provider:	Patient Name:
Address:	Patient DOB:
	Order Date:
Phone:	Length of Need:
Fax:	
E-mail:	

Diagnosis (indicate all that apply)

Deltoid Sprain, ankle/foot				Chronic Instability of ankle	Right ☐ M25.371	Left ☐ M25.372
Right	☐ S93.421A (initial)	☐ S93.421D (subs)	☐ S93.421S (seq)	Chronic Disorder of ligaments	Right ☐ M24.271	Left ☐ M24.272
Left	☐ S93.422A (initial)	☐ S93.422D (subs)	☐ S93.422S (seq)	Rheu Heart Diseases w RA, ankle	Right ☐ M05.371	Left ☐ M05.372
Other Ligament Sprain, (ATFL)				Charcot's Joint, ankle/foot	Right ☐ M14.671	Left ☐ M14.672
Right	☐ S93.491A (initial)	☐ S93.491D (subs)	☐ S93.491S (seq)	Traumatic Anthropathy, ankle/foot	Right ☐ M12.571	Left ☐ M12.572
Left	☐ S93.492A (initial)	☐ S93.492D (subs)	☐ S93.492S (seq)	Achilles Tendinitis/Rupture	Right ☐ M76.61	Left ☐ M76.62
Calcaneofib Sprain				Tarsal Tunnel Syndrome	Right ☐ G67.51	Left ☐ G67.52
Right	☐ S93.411A (initial)	☐ S93.411D (subs)	☐ S93.411S (seq)	Foot Drop	Right ☐ M21.371	Left ☐ M21.372
Left	☐ S93.412A (initial)	☐ S93.412D (subs)	☐ S93.412S (seq)	Unspecified, soft tissue disorder ankle/foot (MS, Guillain-Barre, etc.)	Right ☐ M70.971	Left ☐ M70.972
Tibiofib Sprain						
Right	☐ S93.431A (initial)	☐ S93.431D (subs)	☐ S93.431S (seq)			
Left	☐ S93.432A (initial)	☐ S93.432D (subs)	☐ S93.432S (seq)			
Medial Malleolar Fx						
Displaced Right	☐ S82.51XA (initial)	☐ S82.51XD (subs)	☐ S82.51XS (seq)	Post-traumatic Osteoarthritis ankle/foot	Right ☐ M19.171	Left ☐ M19.172
Displaced Left	☐ S82.52XA (initial)	☐ S82.52XD (subs)	☐ S82.52XS (seq)	Posterior tibial tendinitis	Right ☐ M76.821	Left ☐ M76.822
Non-Displaced Right	☐ S82.54XA (initial)	☐ S82.54XD (subs)	☐ S82.54XS (seq)			
Non-Displaced Left	☐ S82.55XA (initial)	☐ S82.55XD (subs)	☐ S82.55XS (seq)	* Other/Additional Codes:		
Lateral Malleolar Fx						
Displaced Right	☐ S82.61XA (initial)	☐ S82.61XD (subs)	☐ S82.61XS (seq)			
Displaced Left	☐ S82.62XA (initial)	☐ S82.62XD (subs)	☐ S82.62XS (seq)			
Non-Displaced Right	☐ S82.64XA (initial)	☐ S82.64XD (subs)	☐ S82.64XS (seq)	** TayCo Brace, LLC notes approximately 40 ICD-10 dx codes that are indicated for the TayCo External Ankle Brace, please visit taycobrace.com for complete list.*		
Non-Displaced Left	☐ S82.65XA (initial)	☐ S82.65XD (subs)	☐ S82.65XS (seq)			

Equipment/Services:

☐ **Custom TayCo External Ankle Brace (No Substitutes)**			
☐ L1970, *AFO Plastic, Custom Molded, with ankle joint*	☐ Right	☐ Left	☐ Bilateral
☐ L2820, *Soft Interface, below knee*	☐ Right	☐ Left	☐ Bilateral
☐ L2755, *Carbon fiber*	☐ Right	☐ Left	☐ Bilateral
☐ **Acute TayCo External Ankle Brace (No Substitutes)**			
☐ L1971, *Custom Fit, Prefab, Articulated AFO*	☐ Right	☐ Left	☐ Bilateral
☐ L2820, *Soft Interface, below knee*	☐ Right	☐ Left	☐ Bilateral

Hinge Options

☐ Standard (Free Ankle Motion)

☐ Plantar Flexed 15°

☐ Fixed

**Fixed models are removable to free ankle motion*

Additional Medical Information:

Custom Fabricated TayCo Hinged AFO

Medically necessary to provide support and stability to the foot and ankle complex, facilitate improved ambulation, provide clearance during swing phase and reduce the risk of injury. _____

_____

_____

Physician:	NPI:
Address:	Phone:
☐ **Detailed supportive physician notes included with this signed Prescription/CMN/Detailed Written Order**	

Physician: _____ Date: _____

Example documentation supporting the TayCo Brace

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Criteria for Coverage[1]: All three coverage criteria must be met.
1) weakness/deformity of the foot and ankle,
2) the medical need for foot and ankle stabilization (for KAFO document why patient requires additional knee stability), and
3) that patient has the potential to benefit functionally from an AFO/KAFO.

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Please document the following:

☐ **History of Condition necessitating the Orthosis:**
Diagnosis; Affected Side; Clinical Course; Therapeutic Interventions and Results; and Prognosis.

☐ **Functional Limitations:**
Activities of Daily Living (ADL) and how impacted by deficit(s), Diagnoses causing these symptoms; other Co-morbidities, and other forms of ambulatory assistance used.

☐ **Status/Condition of Current Orthosis (if applicable):**
Describe the condition of the current orthosis and whether the device needs to be repaired or replaced. If the patient's condition has changed, describe why the current orthosis is no longer appropriate (e.g. weight gain/loss, decreased stability, etc.). If the device was damaged, describe the incident. Note: A <5 year old device cannot be replaced due to normal wear and tear. It must be repaired, in which case there needs to be a statement of continued medical need in your record.

☐ **Past Experience with Orthosis/Brace and other Failed Treatments**

☐ **Recent Physical Exam specific to the abnormality/deformity with objective assessment of the condition necessitating the brace:**
Include (if applicable) presence of abnormality/deformity, swelling, tenderness, muscle spasm; objective assessment of joint laxity/stability; range of motion; weight, height, weight loss/gain; neurological; etc.

☐ **If Custom Orthosis is being ordered, one of the following conditions must be documented** 1) permanent condition >6 months, or 2) prefabricated device did not fit, or 3) need to control the knee, ankle, or foot in more than one plane, or 4) neurological, circulatory, or orthopedic status requires custom fabricated over a model to prevent tissue injury, or 5) healing fracture that lacks normal anatomical integrity or anthropometric proportions.

☐ **Recommendation for the new Orthosis/component(s):**
Include the type of device (brand name not required), whether custom or prefabricated, whether stance control, electronic etc., and your rational for ordering it. Each note must have your signature & date; and each page needs the patient's name recorded.