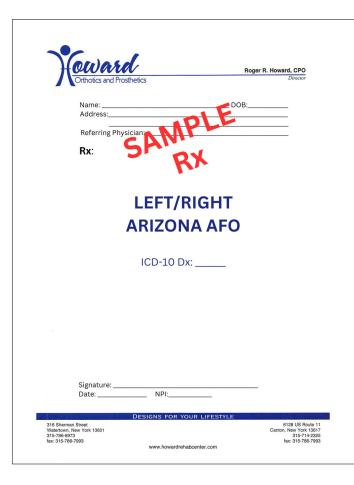
Arizona AFO (Standard)





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 a custom molded Arizona AFO:

- 1. Patient is 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 <u>one</u> of the following criteria must be met for coverage purposes:
 - A prefabricated AFO 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.