 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Ankle Foot Orthosis (AFO)
	PRODUCT LINE:	All
	POLICY NUMBER:	UM87
	ORIGINAL POLICY EFFECTIVE DATE:	01/21/2008
	LAST REVISED DATE:	02/10/2023
	LAST REVIEWED DATE:	02/15/2024

SCOPE: To ensure Group Health Cooperative of Eau Claire (the Cooperative) consistently and correctly administers the ankle foot orthosis (AFO) benefit to all members according to their policy. An AFO is an orthosis that extends well above the ankle (usually to near the top of the calf) and are fastened around the lower leg above the ankle. These features distinguish them from foot orthotics which are shoe inserts that do not extend above the ankle.

POLICY: It is the policy of the Cooperative to review prior authorization requests for AFOs according to member policy and evidence-based medical criteria.

PROCEDURE: Prior Authorization: YES

Non Custom AFOs are considered medically necessary when the following criteria are met:

1. InterQual criteria is met, **AND**
2. Medical necessity criteria listed below is met.
3. Custom AFOs must meet the criteria listed below as well.


Definition of Medical Necessity

Per Wis. Admin. Code DHS 101.03(96m) medically necessary means a medical assistance service that is:

- (a) Required to prevent, identify or treat a recipient's illness, injury or disability; **AND**
- (b) Meets the following standards:

1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability;
2. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided;
3. Is appropriate with regard to generally accepted standards of medical practice;
4. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient;
5. Is of proven medical value or usefulness and, consistent with s. DHS 107.035, is not experimental in nature;
6. Is not duplicative with respect to other services being provided to the recipient;
7. Is not solely for the convenience of the recipient, the recipient's family or a provider;
8. With respect to prior authorization of a service and to other prospective coverage determinations made by the department, is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the recipient; and
9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

A **custom molded AFO** is covered (one per benefit year) when the above coverage criteria are met and there is a documented physical characteristic which requires the use of a custom molded model instead of a prefabricated or off the shelf model to accommodate the following:

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1. Deformity of the joint that interferes with fitting; **OR**
2. Size of the affected body part (ex. Leg circumference)

Definitions:

Rigid foot deformity: any contractures that cannot easily be manually reduced

Ankle flexion contracture: A condition in which there is shortening of the muscles or tendons that plantar-flex the ankle with the resulting inability to bring the ankle to zero degrees by passive range of motion (zero degrees ankle position is when the foot is perpendicular to the lower leg).

Ankle-foot orthotics (AFOs): These extend well above the ankle (usually to near the top of the calf) and are fastened around the lower leg above the ankle. These features distinguish them from foot orthotics which are shoe inserts that do not extend above the ankle.


Custom-fabricated orthotic: An orthotic that is individually made for a specific individual starting with basic materials including, but not limited to, plastic, metal, leather, or cloth in the form of sheets, bars, etc. The process involves substantial work such as cutting, bending, molding, sewing, etc. It may involve the incorporation of some prefabricated components and it involves more than trimming, bending, or making other modifications to a substantially prefabricated item.

Foot drop: A condition in which there is weakness or lack of use of the muscles that dorsiflex the ankle, but there is the ability to bring the ankle to zero degrees by passive range of motion.


Knee-ankle-foot-orthotics (KAFOs): An orthotic designed to control knee and ankle motion that extends from the upper portion of the thigh, crossing the knee and ankle and ending at the toes.

Orthotic (brace) (orthosis): A rigid or semi-rigid device that is used for the purpose of supporting a weak or deformed body part, or for restricting or eliminating motion in a diseased or injured part of the body. An orthotic can be either prefabricated or custom-fabricated.

Prefabricated orthotic: An orthotic that is manufactured in quantity without a specific individual in mind. A prefabricated orthotic may be trimmed, bent, molded (with or without heat), or otherwise modified for use by a specific individual (i.e., custom fitted). An orthotic that is assembled from prefabricated components is considered prefabricated. Any orthotic that does not meet the definition of a custom-fabricated orthotic is considered prefabricated

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Reference source, if applicable: N/A

APPROVED: 

DATE: 02/15/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
02/25/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P.
06/05/2013	Carol E. Ebel, RN HM Mgr	Revised to match the 4201 language
08/08/2013	Carol E. Ebel, RN HM Mgr	Deleted sentence that discussed including the language related to an exception.
02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes
01/23/2015	Betsy Kelly, RN	Removed references to Benchmark and Core Plan, Updated SOW reference manual pages.
04/22/2016	Betsy Kelly, RN	Reviewed with no changes.
10/28/2016	Michele Bauer, MD	Incorporated commercial and Medicaid guidelines
01/15/2019	Michele Bauer, MD	Added overall medical necessity language
03/18/2020	Michele Bauer, MD	Updated criteria to include InterQual
02/15/2021	Michele Bauer, MD	Updated Commercial language to follow the policy language.
02/15/2022	Michele Bauer, MD	Reviewed. No changes.
02/10/2023	Michele Bauer, MD	Formatting changes
02/15/2024	Michele Bauer, MD	Reviewed. No changes.