



TRAINING MANUAL



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DOCUMENT OF MEDICAL NECESSITY FOR ANKLE - FOOT ORTHOSIS

PATIENT NAME:

SSN:

DIAGNOSIS CODES:

ADULT ACQUIRED FLATFOOT (PTTD) ☐ Adult Acquired Flatfoot 734 ☐ Rupture, Tendon; Ankle & Foot 727.68
☐ Pronation, Acquired 736.79

DJD OF ANKLE & REARFOOT ☐ Osteoarthritis, Localized, Primary; Ankle & Foot 715.17

☐ Pain, Joint; Ankle & Foot 719.47 ☐ Tarsal Coalition 755.87

DROPFOOT ☐ Dropfoot 736.79 ☐ Hemiplegia 438.20

LATERAL ANKLE INSTABILITY ☐ Instability of Joint; Ankle & Foot 718.87 ☐ Calc-fib Ligament Sprain 854.02

OTHER ☐

DESCRIPTION OF ORTHOSIS AND BILLING CODES:

The following Ankle-Foot-Orthosis & Component Parts have been dispensed to the above captioned patient on _____(Date).

- ☐ L1970 AFO, plastic, molded to patient model with ankle joints
- ☐ L1940 AFO, plastic solid shell, molded to patient model
- ☐ L1971 AFO, plastic, with ankle joint, prefabricated
- ☐ L2820 Soft interface, below knee
- ☐ L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
- ☐ L2210 Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint
- ☐ _____

PROGNOSIS:

DURATION OF TREATMENT WITH ANKLE FOOT ORTHOSIS:

NECESSITY OF ANKLE-FOOT-ORTHOSIS MOLDED TO PATIENT MODEL:

A custom (versus pre-fabricated) ankle-foot-orthosis has been prescribed based upon the following criteria which are specific to the condition of this patient. (check 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 documented neurological, circulatory, or orthopedic condition that requires custom fabrication over a model to prevent tissue injury
- ☐ The patient has a healing fracture which lacks normal anatomical integrity or anthropometric proportions

I hereby certify that the ankle-foot-orthosis 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 it is being braced.

(Signature of Prescribing Practitioner)

(License Number)

(Date)



DOCUMENT OF MEDICAL NECESSITY FOR AFO (MOLDED TO PATIENT MODEL)

This patient requires a custom molded to patient model ankle foot orthosis because:

NAME OF PATIENT: _____

DIAGNOSIS: _____

(CIRCLE)

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

(Signature of Prescribing Practitioner) (License Number) (Date)

RICHIE BRACE AFO RECEIPT



Name of Practitioner _____

Address of Practitioner _____

City, State, Zip _____

Patients Name: _____

Patient's Address: _____

Medicare Number: _____

Date of Dispensing: _____

Doctor _____ has dispensed:

___ One Hinged Ankle Custom Ankle Foot Orthosis HCPC Code L1970 for Left / Right
(circle Left or Right or both) Foot *with*:

(check all that apply)

___ Soft Tissue Padding Below the Knee: L2820

___ Varus/Valgas Correction: L2275

___ Orthotic Plate Accommodation: L3480

___ Anterior Tibial Shell: L2320

The above item(s) fits well, and is comfortable. I have received written instructions on how to use and care for them from Dr. _____. The warranty period is 6 months for hardware components (hardware, plastic and metal components) and 90 days for all soft materials (crepe, top-covers, Velcro & limb support pads). I have read the posted Complaint Resolution policy and have been provided with a copy of the abbreviated 21 Medicare Supplier Standards. I understand that failure to properly care for these items will result in the warranty being void. This could result in my responsibility for future repair or replacement costs if my insurance policy will not cover such costs.

Patient's Signature _____ Date _____

RICHIE BRACE® : INSTRUCTIONS FOR FITTING

The Richie Brace® is a custom ankle foot orthosis that has been carefully fabricated for your foot and leg, according to your doctor's prescription and specifications. The brace is anticipated to provide support while being comfortable to wear on a daily basis. The following instructions should be followed to assure positive results with the Richie Brace®.

1. Your brace must be worn with proper footwear—consult you doctor for specific recommendations. Generally, lace up oxford style shoes with stable soles is recommended. Athletic shoes are excellent to use with the Richie Brace® as they have removable insoles to make room for the brace.
2. Always place the brace inside the shoe before putting the brace on your foot (see photo of brace fitting).
3. After slipping your foot into the brace (inside the shoe) grab the plastic leg uprights and pull the brace as far back into the heel of the shoe as possible.
4. Secure the limb uprights to the leg using the Velcro straps. After initially adjusting the front two straps, you will not have to loosen them again---only loosen and secure the large back strap each time you put on and take off the brace.
5. When you initially try on the brace, it should be comfortable with no sharp pressure points. If you feel the brace rubbing your skin at any time, discontinue use and see your doctor.
6. Because the Riche Brace changes your alignment, a gradual “Break In Period” is recommended as your body adjusts to wearing the brace. On the first day, wear the brace for only one hour. The second day, two to four hours. Depending on how you feel, you may be able to wear the brace all day by the third day. Other people take up to ten days to acclimate to the brace. Temporary aching of the legs, knees, hips and low back are common during this “Break In Period.”
7. Please ask your doctor about any specific instructions you may require as you begin wearing your Richie Brace®.



RICHIE BRACE® : INSTRUCTIONS FOR CARE

1. Remove your brace daily from your shoe(s) so moisture has time to evaporate.
2. Periodically clean the inside surface with a damp cloth and mild soap.
3. Avoid submersing your brace(s) in water for prolonged periods of time.

DMERC NATIONAL SUPPLIER CLEARINGHOUSE / MEDICARE 21 ABBREVIATED STANDARDS

Post Office Box 100142 · Columbia, South Carolina · 29202-3142 · (866) 238-9652

A HCFA Contracted Intermediary and Carrier A HCFA Contracted Intermediary and Carrier

HCFA MEDICARE DMEPOS SUPPLIER STANDARDS HCFA MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This list is an abbreviated version of the application certification standards, that every Medicare DMEPOS supplier must in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. pt. 424, sec 424.57(c) and are effective on December 11, 2000.

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site.
8. A supplier must permit HCFA, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine or cell phone is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from calling beneficiaries in order to solicit new business.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish HCFA any information required by the Medicare statute and implementing regulations.

Practice Name:_____

Address:_____

State:_____ Zip Code:_____

Medicare Beneficiary Complaint Log

Date of receipt of Complaint: _____

Patient's Name: _____

Patient's Address: _____ State _____ Zip Code _____

Patient's Telephone Number: _____

Patient's Medicare or Health Insurance Number: _____

Description of Complaint:

Action taken to resolve the complaint:

Signature of employee taking complaint _____ Date ____/____/____

Patient's Name _____ Date ____/____/____

COMPLAINT RESOLUTION POLICY

This office has a policy to allow any patient the right to register a complaint regarding services and billing relative to dispersal of durable medical equipment.

Any complaints regarding durable medical equipment should be submitted in writing to the office manager on premises. Our office staff will address any complaint in a timely fashion – within 14 working days. We will adhere to the Medicare Durable Medical Equipment Supplier Standards which all patients receive a copy prior to their receipt of Durable Medical Equipment.

We will take any necessary steps to obtain proper information from the Medicare National Supplier Clearinghouse (NSC) to assure that regulations are followed relative to any complaint. We will notify the patient submitting the complaint, in writing, the action taken to resolve the complaint.

SUGGESTED CODES/FEEES FOR RICHIE BRACE® TREATMENT



DESCRIPTION	CPT CODE	FEE
CASE FEE PER FOOT		
Visit #1		
Office Visit	99213	65.00
Visit #2 (bill both component codes)		
Dispense/fit custom Richie Brace: AFO plastic, molded to patient model with ankle joints	L1970	700.00
Soft interface, below knee	L2820	85.00
TOTAL FEE (one foot, one Richie Brace)		\$ 850.00
*Possible Additions:	<i>(DO NOT use with Medicare/DMERC billing)</i>	
Visco soft spot under ulcer or T-N joint (heel pad)	L3480	45.00
Metatarsal bar	L3400	45.00
Heel lift	L3300	35.00

Disclaimer

The codes and fees contained herein are not the official position or endorsement of any organization or company. They are offered as a suggestion based upon input from previous customers. Each prescribing practitioner should contact his or her local insurance carrier or Medicare office to verify billing codes, regulations, guidelines and fees relevant to their geographic location.

Important Billing Tips:

When billing, change the place of service to 12 (from the standard 11) to indicate “where” the brace will be used. In box 11 of the HCFA form, type (or write) the word NO or NONE. Indicate RT or LT on the L code for example L1970RT without the above items, the claim may be denied or delayed.

SUGGESTED CODES/FEES FOR DYNAMIC ASSIST RICHIE BRACE®



DESCRIPTION	CPT CODE	FEE
CASE FEE PER FOOT		
Visit #1		
Office Visit	99213	65.00
Visit #2 (bill both component codes)		
Dispense/fit custom Richie Brace: AFO plastic, molded to patient model with ankle joints	L1970	700.00
Tamarac dorsi-assist ankle joints (priced each)	L2210	(\$70.00 ea) 140.00
Soft interface, below knee	L2820	85.00
TOTAL FEE (one foot, one Richie Brace)		\$ 990.00
*Possible Additions:	(DO NOT use with Medicare/DMERC billing)	
Visco soft spot under ulcer or T-N joint (heel pad)	L3480	45.00
Metatarsal bar	L3400	45.00
Heel lift	L3300	35.00

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Important Billing Tips:

When billing, change the place of service to 12 (from the standard 11) to indicate "where" the brace will be used. In box 11 of the HCFA form, type (or write) the word NO or NONE. Indicate RT or LT on the L code for example L1970RT without the above items, the claim may be denied or delayed.

SUGGESTED CODES/FEES FOR RICHIE® SOCCER BRACE



DESCRIPTION	CPT CODE	FEE
CASE FEE PER FOOT		
Visit #1		
Office Visit	99213	65.00
Visit #2 (bill both component codes)		
Dispense/fit custom Richie Brace: AFO plastic, molded to patient model with ankle joints	L1970	700.00
Soft interface, below knee	L2820	85.00
Anterior Tibial Shell (Non-Molded Calf Lacer)	L2320	191.00
TOTAL FEE (one foot, one Richie Brace)		\$ 1101.00
*Possible Additions:	(DO NOT use with Medicare/DMERC billing)	
Visco soft spot under ulcer or T-N joint (heel pad)	L3480	45.00
Metatarsal bar	L3400	45.00
Heel lift	L3300	35.00

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Important Billing Tips:

When billing, change the place of service to 12 (from the standard 11) to indicate "where" the brace will be used. In box 11 of the HCFA form, type (or write) the word NO or NONE. Indicate RT or LT on the L code for example L1970RT without the above items, the claim may be denied or delayed.

SUGGESTED CODES/FEES FOR RICHIE BRACE® SOLID ANKLE AFO



DESCRIPTION	CPT CODE	FEE
CASE FEE PER FOOT		
Visit #1		
Office Visit	99213	65.00
Visit #2 (bill both component codes)		
Dispense/fit custom Richie Brace: AFO plastic, molded to patient model.	L1960	700.00
Soft interface, below knee	L2820	85.00
TOTAL FEE (one foot, one Richie Brace)		\$ 850.00
*Possible Additions:	<i>(DO NOT use with Medicare/DMERC billing)</i>	
Visco soft spot under ulcer or T-N joint (heel pad)	L3480	45.00
Metatarsal bar	L3400	45.00
Heel lift	L3300	35.00

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Important Billing Tips:

When billing, change the place of service to 12 (from the standard 11) to indicate "where" the brace will be used. In box 11 of the HCFA form, type (or write) the word NO or NONE. Indicate RT or LT on the L code for example L1960RT without the above items, the claim may be denied or delayed.

SUGGESTED CODES/FEEES FOR RICHIE BRACE® WITH ARCH SUSPENDER

(U.S. Patent Number 6,602,215)



DESCRIPTION	CPT CODE	FEE
CASE FEE PER FOOT		
Visit #1		
Office Visit	99213	65.00
Visit #2 (bill both component codes)		
Dispense/fit custom Richie Brace: AFO plastic, molded to patient model with ankle joints (indicate RT or LT for example L1970RT)	L1970	700.00
Soft interface, below knee	L2820	85.00
Varus/Valgus Control	L2275	115.00
TOTAL FEE (one foot, one Richie Brace)		\$ 965.00
*Possible Additions:	<i>(DO NOT use with Medicare/DMERC billing)</i>	
Visco soft spot under ulcer or T-N joint (heel pad)	L3480	45.00
Metatarsal bar	L3400	45.00
Heel lift	L3300	35.00

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Important Billing Tips:

When billing, change the place of service to 12 (from the standard 11) to indicate "where" the brace will be used. In box 11 of the HCFA form, type (or write) the word NO or NONE. Indicate RT or LT on the L code for example L1970RT without the above items, the claim may be denied or delayed.

SUGGESTED CODES/FEEES FOR THE



DESCRIPTION	CPT CODE	FEE	
		Floor	Ceiling
CASE FEE PER FOOT			
AFO, Molded to Patient Model, Plastic	L1940	\$372.27	\$496.37
Addition to Lower Extremity Molded Inner Boot	L2280	\$340.86	\$454.48
Addition to Lower Extremity Varus/Valgus Control	L2275	\$94.41	\$125.88
Soft Interface	L2820	\$65.37	\$87.16
TOTAL		\$872.91	\$1163.89

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Important Billing Tips:

When billing, change the place of service to 12 (from the standard 11) to indicate "where" the brace will be used. In box 11 of the HCFA form, type (or write) the word NO or NONE. Indicate RT or LT on the L code for example L1940RT without the above items, the claim may be denied or delayed.

SUGGESTED CODES/FEEES FOR RICHIE BRACE® OTC ANKLE BRACE (Use this form as an order sheet)



DESCRIPTION	CPT CODE	FEE
CASE FEE PER FOOT		
Visit #1		
Office Visit	N/A	
Visit #2		
Ankle foot orthoses, plastic or other material with ankle joint, prefabricated, includes adjustment and fitting	L1906	\$100.00
TOTAL FEE (one foot, one Richie OTC Ankle Brace)		\$ 100.00

				Quantity	
Sizes:	X-Small		Women's	3-6	<input type="text"/> pr.
	Small Men's	5-7	Women's	7-9	<input type="text"/> pr.
	Medium Men's	8-11	Women's	10-13	<input type="text"/> pr.
	Large Men's	12-13			<input type="text"/> pr.
	X-Large Men's	14-15			<input type="text"/> pr.

Available in: *Full Flexion* ☐ *Restricted Pivot* ☐
 (check one)

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HCFA CLAIM FORM REQUIREMENTS FOR SUBMITTING TO DMERC (Form 1500)

SUGGESTED CODES/FEEES FOR RICHIE BRACE® OTC DYNAMIC ASSIST ANKLE BRACE (Use this form as an order sheet)



DESCRIPTION	CPT CODE	FEE
CASE FEE PER FOOT		
Office Visit		
AFO, plastic with ankle joint, prefabricated	L1971	\$421.00
Tamarac Joints	L2210	X 2 \$126.00
Soft Interface	L2820	\$88.00
TOTAL FEE (one foot, Richie OTC Dyn Assist Ankle Brace)		\$ 635.00

				Quantity	
				[L]	[R]
Sizes:	X-Small	Women's	3-6	<input type="text"/>	<input type="text"/>
	Small Men's	5-7	Women's	<input type="text"/>	<input type="text"/>
	Medium Men's	8-11	Women's	<input type="text"/>	<input type="text"/>
	Large	Men's	12-13	<input type="text"/>	<input type="text"/>
	X-Large	Men's	14-15	<input type="text"/>	<input type="text"/>

Disclaimer

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HCFA CLAIM FORM REQUIREMENTS FOR SUBMITTING TO DMERC (Form 1500)

HEALTH INSURANCE CLAIM FORM

Box C: C. INSURANCE PLAN NAME OR PROGRAM NAME
NO

Box d: d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
☐ YES ☒ NO If yes, return to and complete item 9 a-d.

Box 24B: Place of Service
12

Box 33: PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #
PIN# 11105574563 QRP# E26699

Box 24A: L1970

TIPS:

Box C: Box C **MUST** contain the word **NO** or **NONE**, failure to do so may result in the claim being returned for "other" insurance information. By indicating **NO** or **NONE** in Box C you are telling DMERC that there is "NO" other carrier responsible for this claim (this does not have anything to do with the patients secondary carrier to Medicare) If you do not fill in that box, a blank box may indicate the claim responsibility "May" belong to another carrier and DMERC will return the claim to you for clarification.

Box d: Check NO indicating there is No other carrier liable.

Box 24B: Place of service for L1970 is 12. DMERC is asking you "Where will the patient use this item" 12 is "Home". This means you have given the patient a piece of "equipment" that they will use at home. Place of service 11, which is "Office" indicates a patient receives the benefit of a typical office visit "in" the office. An AFO is equipment they take with them and use at home.

Box 33: Box 33 is where you will type or write your DMERC number.

REPLACEMENT OF DME

THE HEALTH CARE FINANCING ADMINISTRATION HAS ESTABLISHED THAT THE REASONABLE USEFUL LIFETIME OF DURABLE MEDICAL EQUIPMENT (DME) IS FIVE (5) YEARS. COMPUTATION IS BASED ON WHEN THE ITEM IS DELIVERED TO THE BENEFICIARY, NOT THE AGE OF THE ITEM.

PAYMENT FOR REPLACEMENT DME, PROSTHESES OR ORTHOSES IS CONSIDERED UNDER THE FOLLOWING CIRCUMSTANCES:

DAMAGED OR WORN

MEDICAL CONDITION HAS CHANGED

LOST OR STOLEN

ITEM HAS BEEN USED BY THE PATIENT FOR THE EQUIPMENTS USEFUL LIFETIME.

IT IS NOT NECESSARY TO SEND DOCUMENTATION WITH THE CLAIM .
DOCUMENTATION CAN BE KEPT IN THE PATIENTS CHART SHOULD IT BE NEEDED IN THE FUTURE.

The five-year "Lifetime" period mentioned above, is based on all DME items. Special consideration is given to function devices compared to static devices such as wheelchairs, walkers, ect...

It is not uncusomary to replace an AFO within a 12-month period based on degenerative changes or physician reevaluation.

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A Guide for Using the Richie Brace®

Coding and Reimbursement Kit

By

Douglas H. Richie Jr. D.P.M.

INTRODUCTION

The Richie Brace® products are generally reimbursable as Durable Medical Equipment according to guidelines relative to ankle-foot-orthoses (AFO's). The coding and reimbursement criteria contained in the enclosed kit can be used for both Medicare and Third Party insurance payers. The recommended documentation for dispersal of ankle-foot-orthoses follows Medicare guidelines and assures "best practice" protocols, regardless of the payer.

Rules and regulations relevant to durable medical equipment providers can vary from region to region. It is the ultimate responsibility of the provider to verify that all of the information in this kit is relevant to, and meets the specific requirements of the payer in his or her region or state. Each document in the Richie Brace Coding and Reimbursement Kit will be described below along with specific explanations for proper use.

1. Quick ICD-9 Dx Reference Code List

This list contains the most common clinical conditions usually treated with the Richie Brace®. It is not an all-inclusive list. For more unusual clinical cases, please consult any of the following ICD-9 coding references:

ICD9-CM / Volumes 1 and 2 (Internal Classification of Diseases)

The categories listed for each clinical condition (i.e. dropfoot) have subtitles of various codes, which may describe the clinical condition in part, or in its entirety. The practitioner should try to use at LEAST TWO CODES to describe each clinical condition. We have provided at least two codes for each condition. You may wish to add another code, which more specifically describes your patient's unique condition.

Keep in mind that ankle foot orthoses are indicated for ankle and leg pathologies. Your clinical condition and diagnosis codes must satisfy this requirement. Do not use a single diagnosis of a foot condition only (i.e. hallux valgus).

2. DOCUMENT OF MEDICAL NECESSITY

This does not have to be submitted to the payer in most cases, but should be kept in the patient's medical record. This document verifies why the patient needs and ankle-foot-orthosis and contains the language Medicare utilizes to describe the purpose of ankle-foot-orthosis treatment.

The diagnosis description and codes should match those listed on the actual billing form (HCFA Form). The prognosis for the condition is usually lifetime. The length of use of the orthosis should be 6 months or greater.

Multiple boxes can be checked under the qualifications and goals section. Additional information can be written in as well.

3. DOCUMENT OF MEDICAL NECESSITY-CUSTOM AFO vs. NON-CUSTOM

This document provides validation for a custom ankle-foot-orthosis prescription necessity versus a pre-fabricated orthosis. Only one criteria is necessary to validate the use of a custom device. Circle one or more criteria applicable to your patient's clinical condition. This document should be kept in the patient's medical record and not submitted to the payer, unless requested.

4. RICHIE BRACE® AFO RECEIPT

This receipt is required for dispersal of any durable medical equipment by Medicare (DMERC) providers. The elements contained in this document satisfy Medicare requirements including specific warranty information relative to the AFO.

Please note that the receipt acknowledges that the patient has received written instructions for use of the AFO. These instructions should be provided to every patient upon dispersal of the AFO.

5. DMERC MEDICARE 21 ABBREVIATED STANDARDS

This must be provided to all Medicare patients receiving durable medical equipment. The patient can choose to read or not read the standards. The patient acknowledges receiving a copy of these standards in the AFO RECEIPT document.

6. COMPLAINT POLICY

This must be posted in the facility where the durable medical goods are dispensed. This policy document is a suggested description of complaint resolution, but can be amended and customized to meet the needs of the prescribing practitioner.

7. COMPLAINT LOG

All Medicare durable medical equipment providers must keep a complaint log. The elements required of this log are contained in this document. The log should be available for inspection by Medicare upon request.

8. SUGGESTED CODES AND FEES DOCUMENTS

For each of the Richie Brace® models, appropriate codes and suggested fees are provided. The selection of fees must be carefully considered by each practitioner. Reimbursement for ankle foot orthoses varies significantly in value from state to state. Medicare publishes the fee approved for reimbursement by state and this information can be found at:

Region A: HealthNow NY	1-866-419-9458
Region B: AdminaStar Federal Inc.	1-877-299-7900
Region C: Palmetto GBA	1-866-238-9650
Region D: Cigna Medicare	1-877-320-0390

A PRESCRIBER of durable medical equipment can bill for the office visit where the evaluation of the patient takes place giving the information necessary for the prescription for the particular AFO.

A PROVIDER of the durable medical equipment (ankle foot orthosis) cannot bill for casting for the AFO. Casting, adjustment, evaluation of fit of the AFO are all bundled into the actual code for the single AFO device.

When the practitioner is both the PRESCRIBER and the PROVIDER of the AFO, the office visit can be billed on the day of casting, based on the fact that this is also the day the evaluation and prescription procedures are carried out.

The AFO, and its component parts are billed on the day of dispersal. The code and fee for the AFO includes the office visit when the sole purpose is to dispense the device and instruct the patient in use. Subsequent visits to check the AFO for fit and function are included in the single AFO code and fee. This would include visits for adjustment and modification of the AFO.

However, follow up visits after AFO dispersal, which includes evaluation and management of the clinical condition by the practitioner/prescriber can be billed according to prevailing standards for E/M coding. This would include monitoring the progression of the disease, ordering diagnostic tests, ordering physical therapy etc.

9. MINOR IN OFFICE REPAIRS

Most of the Richie Brace® models can be easily refurbished in the office setting using a kit available from the lab distributor. The component parts most often replaced are the two limb support pads and the three Velcro straps. The cost of the component parts can be billed according to market value and the labor to perform the repair is also reimbursable.

You may wish to not use the general repair code for parts (L4210), instead using the specific code for the part that is replaced (i.e. soft interface code L2820). When using this specific code, the labor is already included. When using the general repair code (L4210), labor can be charged separately.

CONCLUSION

The documents of the Richie Brace reimbursement kit should assure proper fulfillment of Medicare and Third Party insurance payer requirements for providers of ankle-foot-orthotic therapy. However, all providers are ultimately responsible for learning and following the specific requirements of payers to whom AFO's are being billed and reimbursed from. Regulations and guidelines vary from state to state, and these regulations are changed and updated regularly. For updated information from Medicare relative to Durable Medical Equipment, please contact:

**Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
Information Resource for Medicare**

<http://www.cms.hhs.gov/suppliers/dmepos/default.asp>

OR CALL 1-800-MEDICARE

Diagnosis Codes applicable to Richie Brace Billing

NOTE: This list is not inclusive of all possible codes. It is not a guarantee of reimbursement for payment. The codes selected for diagnosis and billing purposes are the discretion of the prescribing practitioner.

DIAGNOSIS	ICD9 CODE
Accessory Navicular (cong.)	755.67
Achilles	
Bursitis	726.71
Shortening (acquired)	727.81
Tendinitis	726.71
Tendon Rupture	727.67
Amyotrophic Lat Sclerosis	335.2
Ankle Joint Deformity (cong.)	755.69
Arthritis	
Acute	716.97
Chronic	716.97
Gouty Ankle/Foot	274
Neuropathic	713.5
Reiter's Ankle/Foot	711.17
Traumatic	716.17
Arthropathy	
Charcot's	713.5
Gouty Ankle/Foot	274
Reiter's Ankle/Foot	711.17
Bursitis	
Achilles	726.71
Ankle	726.79
Calcaneal	726.79
Calcaneal	
Apophysitis	732.5
Coalition (congenital)	755.67
Spur	726.73
Calcaneonavicular Bar cong)	755.67
Calcaneus Deformity (acq)	736.76
Calcific Tendinitis	727.82
Cavovalgus Deformity	
Acquired	736.79
Congenital	754.6
Cavovarus Deformity	
Acquired	736.75
Congenital	754.59
Cavus Deformity	
Acquired	736.73
Congenital	754.71

DIAGNOSIS	ICD9 CODE
Cerebral Palsy	
Infantile	343
Diplegic	343
Hemiplegic	343.1
Monoplegic	343.3
Quadriplegic	343.2
NOS	343.9
Charcot's	
Arthropathy	713.5
Joint	713.5
Charcot-Marie-Tooth	356.1
Clubfoot	
Acquired	736.71
Congenital	754.7
Paralytic	736.71
Crushed	
Ankle	928.21
Foot	928.2
Toe	928.3
Diabetes Mellitus & Neurological Manifestations	250.6
(add'l code required)	
Amyotrophy	358.1
Mononeuropathy	354.0-350.9
Neurogenic Arthropathy	713.5
Peripheral Autonomic Neuropathy	337.1
Polyneuropathy	357.2
Dropfoot	736.79
Enthesopathy	
Ankle/Tarsus	726.7
Equinovarus	
Acquired	736.71
Congenital	754.51
Equinus (acquired)	736.72
Extensor Tendinitis	727.89
Fasciitis, Plantar	728.71

DIAGNOSIS	ICD9 CODE
Flat Foot	
Rigid (congenital)	754.61
Spastic (congenital)	754.61
Acquired	734
Congenital	754.61
Flexor Tendinitis	727.89
Foot & Ankle Tendinitis	727.06
Hemiplegia	
Dominant side	438.21
Non-dominant side	438.22
Unspecified Side	438.2
NOS	342.9
Joint	
Anklyosis, Fibrous	718.57
Osseous	718.57
Bony block	718.87
Calcification	719.87
Instability	718.87
Stiffness	719.57
Swelling	719.07
Laceration; Tendon Injury	905.8
Ligamentous Laxity	728.4
Multiple Sclerosis	340
Muscular Dystrophy	359.1
Neuropathy; Diabetic	250.6
	357.2
Osteoarthritis degenerative	719.97
Other paralytic syndrome	438.5
Dominant side	438.51
Non-dominant side	438.52
Unspecified	438.5
Paralysis; Leg (NOS)	344.3
Limb	781.4
Paralytic Gait	781.2
Paraplegia	344.1

DIAGNOSIS	ICD9 CODE
Parkinson's Disease	
Idiopathic	332
Primary	332
Secondary	332.1
Peroneal	
Muscular Atrophy	356.1
Tendinitis	726.79
Pes	
Cavus	754.71
Deformity (NOS)	736.79
Acquired	734
Congenital	754.61
Rigid (congenital)	754.61
Spastic (congenital)	754.61
Varus (congenital)	754.5
Plantar	
Faciitis	728.71
Fibromatosis	728.71
Flexed Metatarsal	838.04
Nerve	
Lesion	355.6
Neuropathy	355.6
Poliomyelitis	
Acute (NOS)	345.9
Late Effects	138
Polyneuropathy	
Alcoholic	357.5
D/T Mumps	72.72
Post-Herpetic	53.13
Progressive Idiopathic	356.4
Pronation	
Ankle (acquired)	736.79
Foot (acquired)	736.79
Reflex sympathetic dystrophy	337.2
Foot	337.22
Lower Limb	337.22
Specified site	337.29
Unspecified	337.2
Reiter's	
Arthritis Ankle/Foot	711.17
Arthropathy ankle/foot	711.17
Disease	99.3
Syndrome	99.3

DIAGNOSIS	ICD9 CODE
Restless Legs	333.99
Rocker bottom foot (congenital)	754.61
Rupture	
Achilles tendon	727.67
Muscle (non-traumatic)	728.83
Tendon	727.68
Vein	459
Sever's Disease	732.5
Spasm of muscle	728.85
Spastic Gait	781.2
Sprain	
Achilles tendon	845.09
Ankle (NOS)	845
Calcaneofibular Ligament	845.02
Deltoid ligament	845.01
Foot (NOS)	845.1
Interphalangeal Joint	845.13
Metatarsophalangeal Joint	845.12
Tarsometatarsal joint ligament	845.11
Tibiofibular ligament	845.03
Staggering gait	781.2
Talipes	
Calcaneovalgus (congenital)	754.62
Calcaneovarus (congenital)	754.59
Deformity (acquired) (NOS)	736.79
Equinovalgus (congenital)	754.69
Equinovarus (congenital)	754.51
Planovalgus (congenital)	754.69
Planus (acquired)	734
Valgus (congenital)	754.6
Varus (congenital)	754.5
Talonavicular synostosis (congenital)	755.67
Tarsal	
Coalition (congenital)	755.67
Tunnel Syndrome	355.5

DIAGNOSIS	ICD9 CODE
Tendinitis	
Achilles	726.71
Adhesive	726.9
Ankle	727.06
Calcific	727.82
Extensor	727.89
Flexor	727.89
Foot	727.06
Peroneal	726.79
Tibialis	726.72
Tendon	
Abscess	727.89
Calcium deposit	727.82
Contracture	727.81
Infection	727.9
rupture	727.69
Valgus foot deformity (acquired)	736.79
Suggested Codes for Post-Tibial Tendon Dysfunction, choose at least 2 codes	
Flat Foot, acquired	734
Foot & Ankle Tendinitis	727.06
Pronation, Ankle (acquired)	736.79
Rupture, Tendon	727.68
Talipes, Planus (acquired)	734
Tendinitis, Foot	727.06
Tendinitis, Tibialis	726.72
Tendon, Rupture	727.68
Valgus foot deformity (acquired)	736.79

Richie Brace Therapy: Problems and Solutions

By: Douglas Richie, D.P.M.



The Richie Brace is a custom hinged ankle foot orthosis prescribed by practitioners for non-operative treatment of challenging lower extremity disorders. Utilized in the United States for over 6 years, the Richie Brace has been modified and continuously upgraded to improve comfort and efficacy. Despite the sophistication of the casting, cast corrections and fabrication processes utilized to produce the Richie Brace, the overall return rate for patient in-tolerance remains relatively low. Notwithstanding, there are several problems that can occur with Richie Brace prescription and fitting. Many of these problems are avoidable and will be reviewed in this document.

Problem #1: Malleolar Irritation

Rubbing of the orthotic footplate upright against the malleolus can occur when there is practitioner or lab error in placing the hinge too SUPERIOR to the tip of the malleolus. The hinge movements then occur against the bony fragile skin of the malleolus, rather than at or inferior to the tip of the malleolus where there is no bone pressure. **Solution:** Always mark the malleoli of the patient prior to casting; make sure the marks transfer to the negative cast if using plaster. For STS Sock casts, use a permanent marker to mark the outside of the cast prior to removing it from the foot. Check the malleolar pivot location of the brace against the patient at time of dispensing. Note any lab error and clarify before dispensing.

Rubbing of the medial malleolus can also occur in severe pronation disorders where there is significant medial displacement of the distal tibia associated with closed chain midtarsal joint pronation-subluxation. Sometimes, the off-weight bearing negative cast technique fails to capture the true medial displacement of the tibia (and talus) that ultimately occurs with weight bearing. Also, when there is poor control of the foot and the foot slides laterally off the orthotic footplate there is an accompanying medial shift of the tibia and talus. **Solutions:** Always perform a weight bearing assessment of the patient prior to casting. Determine if there is significant medial shift of the tibia. Note this on the special instructions of the Richie Brace orthotic prescription form. The lab can adjust the correction of the malleolar platforms to avoid brace rubbing. When a patient develops rubbing after the brace has been dispensed, carefully evaluate to see if the foot is sliding or

pronating laterally off the orthotic footplate. The arch may be too high on the footplate, causing the foot to slide laterally. Or the footplate may have poor conformity to the foot in a neutral position, losing orthotic control. Check conformity of the heel and medial/lateral arches, just as you would check accuracy of correction with any functional foot orthotic. Also, check the alignment of the footplate relative to the foot in the transverse plane. In severe transverse plane subluxation, the footplate of the Richie Brace should be positioned in a more abducted alignment to the limb supports (malleolar position). If not, the footplate will be abnormally positioned medially on the foot of the patient and poor conformity and control will result. If the lab is notified at time of original fabrication, the footplate can be positioned 15 to 30 degrees more abducted to the malleoli than standard required protocol. Spot heating and adjusting the upright portion of the ORTHOTIC FOOTPLATE can many times solve the medial malleolar rub. The heat should be focused on the segment just BELOW the medial ankle rivet. When the plastic becomes pliable, push the medial LIMB UPRIGHT downward, in a slight medial direction, forcing a slight bend in the orthotic plate medial upright. Hold for approximately 1 minute and then check to see if there has been adequate bending of the medial hinge section away from the patient's medial malleolus. If attempts at spot heating fail, the brace should be returned to the lab with instructions to expand the ankle width of the brace or correct any deficiencies in the footplate control. Adding additional padding to the malleolar portion of the limb uprights does not usually solve irritation problems---this only increases the pressure against the malleolus. Finally, loss of pronation control can many times be solved by proper footwear prescription. Motion-control running shoes with medial posted mid-soles and rigid shanks are recommended.

Problem #2: Talo-Navicular Irritation

The same factors causing medial malleolar rub can sometimes cause talo-navicular rub: excessive mid-tarsal joint subluxation, poor control of foot pronation, and poor conformity of the orthotic footplate. The subluxation of the talo-navicular joint is in a plantar-medial direction, usually due to loss of integrity of the spring ligament complex and/or attenuation of the posterior tibial tendon. **Solution:** A weight bearing assessment can determine if accommodation or a "sweet spot" should be ordered on the prescription form. If so, the negative cast should be marked (by marking the patients' talo-navicular joint) at the area of anticipated irritation. If the brace has already been dispensed, spot heating or accommodative padding under the top cover can be attempted in the office. Occasionally, grinding of the orthotic footplate away from the irritation can be attempted, however, this sometimes results in loss of control of this key area of the foot. A helpful maneuver to improve tibial control, and minimize talo-navicular subluxation involves instructing the patient to externally rotate the tibia while tightening the front upright straps. This positions the rearfoot complex in a slightly supinated

position and may enhance control of the brace. In general, spot heating focused at the direct spot of irritation, plantar on the footplate, will allow pushing out a dimple large enough to solve the irritation immediately in the office, without having to return the brace to the lab.

Problem #3: Strap Irritation on the Leg

The limb upright straps may irritate larger girth lower legs. This is avoidable by anticipating this problem ahead of time and ordering the special Velcro padded protectors. The protectors can be applied to the Richie Brace at the lab during fabrication. If the brace has already been dispensed, the practitioner in the office can apply these pads to the Velcro straps. The lab can provide these pads to the practitioner upon request.

The newest Richie Brace design has a wider posterior strap placed inferior to the calf to avoid irritation. Thus, posterior leg rubbing, previously the most common site, has now been minimized.

Problem #4: Arch Too High

The practitioner can attribute general arch height intolerance to impression casting error. In the case of the Adult Acquired Flatfoot, there will be significant adaptation of the forefoot in an inverted alignment due to the severe valgus attitude of the rearfoot. This forefoot deformity, also known as “supinatus” or acquired forefoot varus and must be reduced in the impression casting process. This is accomplished by fully loading the midtarsal joint in a locked pronated position while pushing down gently on the dorsal surface of the first metatarsal during the impression casting procedure. Otherwise, a positional forefoot varus will be captured in the cast, which will then be intrinsically balanced by the fabrication laboratory. The footplate will thus position the forefoot inverted by pushing up the medial column of the foot and the patient will report excessive arch pressure. Any casting procedure that fails to fully load the midtarsal joint in a locked, pronated position can also capture a “false” forefoot varus, which leads to the same footplate intolerance. **Solution:** Spot heating and lowering in the office should address arch irritation. Re-casting with careful correction of a supinatus may be necessary.

Problem #5: Foot Too Inverted in Brace

Occasionally, when there is a high degree of lower limb varum, the Richie Brace will orient the foot to the leg and cause an uncompensated varus of the rearfoot. **Solution:** In cases of Tibial Varum over 6 degrees, please indicate on the prescription form and the lab will orient the limb uprights to the exact degree of tibial varum measured.

Problem #6: Foot Too Pronated in Brace

If pronation control is not achieved, a number of factors need consideration. Most of these were mentioned above in #1 and #2. First, assure that the footwear is appropriate with shank stability and firm heel counter. Poor conformity of the foot orthotic footplate against the patient's foot can indicate a casting or fabrication error. In the office, additional pronation control with the Richie Brace can be obtained by adding a Korex medial post at the distal plantar margin of the footplate. Also, a 1/8" Korex wedge (Kirby type) can be added to the medial plantar surface of the heel seat of the footplate.

Summary:

Most of the problems causing a failure of successful treatment with the Richie Brace can be traced to the following areas:

- **Impression Casting Error** – proper positioning and loading of the foot during the setting phase of casting is critical.
- **Lack of Markings of Malleoli** – this leads to improper hinge location.
- **Lab Error** – Improper positive cast modifications can occur.
- **Prescription Error** – Clinical indications must be followed

These problems can be avoided by careful review of the Richie Brace casting procedure requirements and the Richie Brace clinical indications.



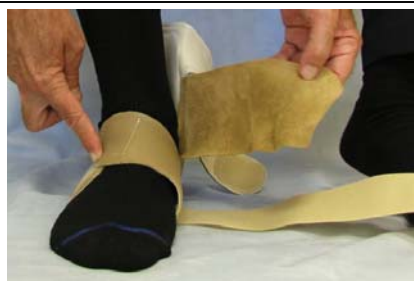
FITTING INSTRUCTIONS



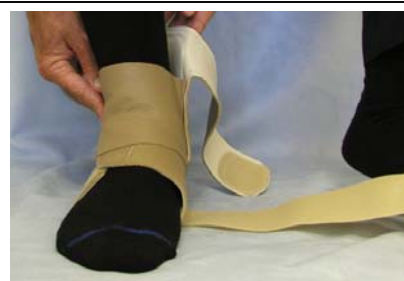
When fitting the California AFO, sit in a chair with knee bent and foot flat on floor. A crew length sock must be worn.



Place foot on brace
with straps open



Secure the front strap first



Fold the "tongue"
flap across ankle



Secure the top strap



Lift the Arch
Suspender strap



Pull Arch Suspender
strap across ankle



Wrap Arch Suspender
strap around leg



Secure Arch Suspender
strap across front of leg
(trim excess strap)



Step into shoe
with open laces



Use shoe horn if needed
to slip into shoe



Secure shoe laces



ORTHOTICS
&
MEDICAL SUPPLY, INC.

800-373-5935

www.jsbinc.com

RICHIE BRACE® CASTING TECHNIQUE USING STS® ANKLE SOCK

For more information, see www.stssox.com 1-800-787-9097

Step 1

Tubing and protective bag in place.



Step 2

STS Ankle Sock is pulled over foot and ankle.



Step 3

Lift 4th & 5th toes to pronate & lock mid tarsal joint. Push down on 1st metatarsal to end range of motion.



Step 4

Mark outline of medial & lateral malleolus, place dot at distal tip of malleolus.



Step 5

Cut sock off through channel using special scissors.



Step 6

Pull hardened




Step 7

Close cast and secure with a rubber band. Cast can be shipped immediately.



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MEDICAL SUPPLY, INC.
800-373-5935
www.jsbinc.com

					
Richie Brace® Standard	Dynamic Assist	Restricted Hinge Pivot	Restricted Hinge w/Arch Suspender	California AFO	Richie Solid AFO
Stage II PTTD	Dropfoot w/out equinus No spasticity Stable knee (must have all 3 above)	Dropfoot w/ equinus Dropfoot w/spasticity Stable knee	Medial: Stage II or III PTTD with subluxed T-N Joint	Severe Deformity: Stage IV PTTD Charcot Deformity	Dropfoot with unstable knee
Chronic Ankle Instability	Post CVA Peroneal nerve injury Post Polio	DJD of Hindfoot and Ankle	Lateral: Peroneal tendinopathy Fixed varus deformity of hindfoot/ankle	Severe DJD of Ankle or Hindfoot	
Casting Requirements:					
Ankle Casting Sock	Ankle Casting Sock	Ankle Casting Sock	Ankle Casting Sock	Mid Leg Casting Sock	Full Leg (Bermuda) Casting Sock

RICHIE BRACE® NEUROMUSCULAR PATHOLOGY TREATMENT GUIDE

Orthosis → Indicated when patient has ↓	Solid AFO	Fixed Richie Brace	Dynamic Assit Richie Brace	Full Flexion Richie Brace
Unstable Knee	Yes	Possibly	No	No
Equinus	Yes	Yes	No	Yes
Dropfoot	Yes	Yes	Yes	No
Contracture	Yes	Yes	No	No
Spastic	Yes	No	No	No



ORTHOTICS
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JSB Orthotics
&
Medical Supply, Inc.

509 Paul Morris Drive
Englewood, FL 34223
800-373-5935
Fax: 941-473-8751
www.jsbinc.com

Richie Brace Pricing and Policies

Order Standards

JSB will inspect and evaluate orders to assure cast quality, proper marking, and completion of all data entries on the order form prior to processing. Should an order not meet standards, the submitter will be contacted for required corrections prior to start of work.

Braces	Standard or Restricted.....	\$295.00 + S&H
	Dynamic Assist.....	\$410.00 + S&H
	Arch Suspender.....	\$370.00 + S&H
	Solid Ankle AFO	\$295.00 + S&H
	Soccer	\$365.00 + S&H
	OTC Ankle Brace - Dynamic	\$250.00 + S&H
	OTC Ankle Brace - Full Flexion	\$75.00 + S&H
	OTC Ankle Brace - Restricted.....	\$75.00 + S&H
	Gauntlet with Arch Suspender.....	\$385.00 + S&H

In-Office Repair Kit	3 Velcro Straps	
	2 Upright Pads	
	2 Velcro Dots.....	\$35.00

Rush Fees	1 day rush	\$75.00
(in lab)	3 day rush	\$50.00

Additional Charges	Balance Pad	\$5.00	per brace
	Accommodation in Shell	\$10.00	per brace
	Sulcus or Full Extension.....	\$5.00	per brace
	Extrinsic Forefoot Post	\$7.00	per brace
	Flesh/White Colored Brace.....	\$40.00	per brace
	Diabetic Top Covers	\$10.00	per brace
	Custom Uprights.....	\$50.00	per brace
	Medial Skive.....	\$2.00	per brace
	Heel Lift.....	\$5.00	per brace

Terms for Payment Full payment is due 15 days from date of Statement.

Brace Turnaround Time 3 weeks

Cast Storage All casts will be stored for a 4 month period.

Return casts charge \$25.00 (covers shipping and handling costs)

Canceled Orders Charges

- Prior to fabrication.....\$0.00
- After fabrication has begunCharges will be prorated based on the stage of fabrication.

Return to Top

Richie Brace Pricing and Policies

(continued)

Material Failure Warranty Coverage

- Hardware, plastic and metal components are covered at no-charge for six-months.
- All soft materials: posts, top covers, Velcro and limb support pads, are covered at no-charge up to ninety days.

Returns for Credit

JSB cannot issue credit due to patient non-compliance, non-acceptance, or reimbursement failures. Lab error or workmanship claims will be honored at full credit if declared within ninety days and must have a return authorization from a JSB representative.

Repair, Adjustment or Addition Charges

- Less than 90 days after shipment (excluding additions).....\$0.00
- Over 90 days after shipment (as evaluated).....\$25.00 (Level "A")
\$50.00 (Level "B")
\$75.00 (Level "C")

Refurbishment Charges

- Brace refurbishment < 90 days.....\$0.00
- Brace refurbishment > 90 days.....\$100.00

Remakes

- Remakes: Lab Errors or workmanship (<90 days).....\$0.00
- Remakes: Changes not specified by Dr. on original orderList Price + S&H

Returns for Adjustments

Customers wishing to return braces for adjustments should include detailed information describing the patient's problem and specific directions for the adjustment. Markings on the brace to illustrate changes are welcome. Charges may apply for adjustments. Please refer to Repair, Adjustment or Addition Charges above, or contact JSB Client Services for clarifications.

Shipping - Braces will be shipped by UPS ground. Special delivery is available and will be billed accordingly.

Special Discounts

The manufacturer dictates all pricing. Distributors may offer discounts approved by the manufacturer only. Approve discount levels are as followed...

- 11-20 per month 5%
- 21-30 per month 7.5%
- 31+ per month 10%



PRESCRIPTION FORM

Date: ____/____/____



800-373-5935
www.JSBinc.com

509 Paul Morris Drive
Englewood, FL 34223

Cast enclosed for Richie Brace:

☐ Left ☐ Right ☐ B/L

**PLEASE MARK MEDIAL AND LATERAL
MALLEOLI ON NEGATIVE CAST!**

Account and Patient Information

Acct. Name: _____ Acct.# _____

Address: _____ State: _____ Zip: _____

City: _____ Phone #:(____) _____

PATIENT NAME:

(Last) (First)

Age: _____ Weight: _____ Height: _____ Sex: _____

Shoe Size: _____ Shoes Enclosed: ☐ Yes ☐ No

Richie Brace® Product

<input type="checkbox"/> Standard	DESCRIPTION: Full flexion ankle pivot, custom ankle foot orthosis.
<input type="checkbox"/> Dynamic Assist*	Spring hinges provide up to 15° dorsiflexion to treat drop-foot conditions.
<input type="checkbox"/> Little Richie	Pediatric version of Richie Brace® for foot sizes smaller than adult size 4.
<input type="checkbox"/> Richie Soccer	Richie Brace® with integrated shin guard.
<input type="checkbox"/> Arch Suspender <input type="checkbox"/> medial <input type="checkbox"/> lateral	Adjustable strap under ; fixed ankle pivot automatically added to brace.
<input type="checkbox"/> Richie Brace® Solid AFO	Solid ankle foot orthosis (requires 19" Bermuda STS Casting Sock)
<input type="checkbox"/> Richie Brace® California AFO	Leather Gauntlet AFO (requires 14" Mid-Leg STS Casting Sock)

All "Standard" Richie Braces® have the following standard features:

- ◆ Heel Cup – 35 mm
- ◆ Top Cover – Multi EVA
- ◆ Color – Black
- ◆ Heel Stabilizer Bar (post) – Included
- ◆ Cover Length – Sulcus
- ◆ Orthotic Foot Plate – Intrinsic Balance To Perpendicular
- ◆ Limb Uprights Supports – Aligned Perpendicular To Foot Plate
- ◆ Hinge articulation – Full Flexion

Option: ☐ Flesh Tone OR ☐ White Color – Foot Plate, Limb Uprights and Straps - NO extra charge

Clinical Information

Stance Evaluation — Please evaluate patient in a neutral and relaxed subtalar position. Please indicate amount of tibial Varum (medial tibial displacement) and forefoot abduction (MTJ subluxation) in each position:	Tibial Varum	Forefoot Abduction – relative to malleoli	
	Neutral Stance _____° Relaxed Stance _____°	Neutral Stance <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Relaxed Stance <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Severe adult acquired flatfoot patients, we recommend adjusting the brace to allow for some medial displacement of the tibia (varum) and abduction of the forefoot in stance. **Apply adjustment?** ☐ YES ☐ NO **Note: Adjustment will orient the limb uprights and foot orthosis to the patient in a slightly compensated (pronated) position for better fit and comfort.**

GUIDELINES:

Suggested Guidelines

- Recommendation for posterior tibial tendon dysfunction:** 4 to 6 degree medial heel skive, accommodate navicular, adjust limb uprights to tibial varum based on stance measurements.
- Fixed ankle pivot:** recommended for drop foot, charcot deformity, peroneal tendinopathy, arthritic ankle or subtalar joint.
- Charcot foot:** Use Solid AFO Richie Brace if there is severe equinus or rocker bottom deformity.
- *Dynamic Assist Brace®** indicated for drop foot; patient must have 0 to 10 degrees ankle dorsiflexion and stable knee.

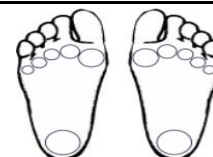
Richie Brace® Modifications to Standards

Note: Non-Standard Brace/Cast modifications may have extra charges – see pricing sheet

Ankle Pivot <input type="checkbox"/> Restricted Hinge (still allows 3°-5° motion)	Top Cover <input type="checkbox"/> Spenco <input type="checkbox"/> Diabetic (Plastazote/Poron) <input type="checkbox"/> add Poron® to extension	Length <input type="checkbox"/> Meta <input type="checkbox"/> Full	Arch Fill <input type="checkbox"/> Medium <input type="checkbox"/> Minimal	Heel Skive <input type="checkbox"/> 2° <input type="checkbox"/> medial <input type="checkbox"/> 4° <input type="checkbox"/> lateral <input type="checkbox"/> 6°	Strap Size (standard 10") <input type="checkbox"/> 6 inches <input type="checkbox"/> 8 inches <input type="checkbox"/> 12 inches
<input type="checkbox"/> Heel Lift _____ (inch) <input type="checkbox"/> Add Medial Arch Flange <input type="checkbox"/> Add Lateral Flange	Please mark orthotic plate accommodation on cast! <input type="checkbox"/> Navicular <input type="checkbox"/> Medial Fascia Band <input type="checkbox"/> 1st met cuneiform <input type="checkbox"/> Other: _____		Forefoot Posting _____° Varus _____° Valgus Note: Not Recommended as this will tilt entire brace		

Special Instructions

Locate accommodations
(also mark on casts)



 <p>ORTHOTICS & MEDICAL SUPPLY, INC.</p> <p>800-373-5935</p> <p>www.jsbinc.com</p>	Doctor Name:		
	Address:		
	City:	State:	Zip:
	ACCT#:		
	Pt Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
	Height:	Weight:	Shoe Size:
	Shoe Type:	Shoes Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cast enclosed for <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> B/L PLEASE MARK MEDIAL AND LATERAL MALLEOLI ON NEGATIVE CAST!			
CLINICAL INFORMATION			
DIAGNOSIS:		Accommodation location(s): (describe & mark location on cast)	
Height: <input type="checkbox"/> 7": most versatile height <input type="checkbox"/> 9": for maximal rigidity and control Arch Suspender: <input type="checkbox"/> Medial (varus force on hindfoot) <input type="checkbox"/> Lateral (valgus force on hindfoot) <input type="checkbox"/> None		Color: <input type="checkbox"/> Tan <input type="checkbox"/> Chocolate  7" (left) 9" (right)	
SUGGESTED BILLING CODES			
L1940 Ankle foot orthosis, plastic or other material, custom fabricated L2330 Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only		L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined L2820 Addition to lower extremity orthosis, soft interface for molded plastic below knee	
CASTING INSTRUCTIONS USING THE STS MID LEG SOCK			
			
Cutting strip, tubing & bag in place		Gather STS Sock-slide onto foot & leg	
			
Position STJ neutral: Ankle at 90°		OR: semi weight bearing on foam	
			
Cut along cutting strip-full length		Mark medial & lateral malleolus	