STAR DME
Medical & Surgical Supply

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Ankle Foot Orthosis (AFO)

HCPCS L1933 / L1952

Standard Written Order (SWO) and documentation guide. Fax this order with the patient's most recent visit note to **844-438-5893**.

Patient Information

Name _____ **DOB** _____

Address _____

Phone _____ **Cell** _____

Primary Insurance _____ **ID#** _____

Secondary Insurance _____ **ID#** _____

Order

	CODE	ITEM	QUANTITY
☐	**L1933**	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	**1 per side**
☐	**L1952**	Ankle foot orthosis, spiral (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, off-the-shelf	**1 per side**

☐ **Right** ☐ **Left** ☐ **Both** **Length of need** _____

Diagnosis / ICD-10 _____

Coverage Criteria

Check only what is documented in the chart. Medicare LCD L33686 (Ankle-Foot Orthoses). The patient meets all of these:

- ☐ Ambulatory (able to walk)
- ☐ Weakness or deformity of the foot and ankle that requires stabilization for medical reasons
- ☐ Has the potential to benefit functionally from the AFO

What the Visit Note Must Show

In the treating practitioner's own words, from a recent visit:

- The diagnosis and which side (for example foot drop, stroke, neuropathy, tendon dysfunction)
- Exam findings showing weakness or deformity of the foot and ankle, such as dorsiflexion strength
- That the patient is ambulatory, and how the AFO will improve walking or safety
- Why stabilization of the foot and ankle is medically necessary

FACE-TO-FACE VISIT AND ORDER BEFORE DELIVERY

Since October 28, 2026, Medicare requires a face-to-face visit with the treating practitioner within 6 months before this order, and this signed order before delivery. Please fax the visit note with this order.

Practitioner

Signature _____ **Order date** _____

Printed name _____ **NPI** _____

Signature and date stamps are not acceptable. This form does not replace the practitioner's own medical record.