CERTIFICATE OF MEDICAL NECESSITY
FOR DME

KevinRoot MEDICAL

Patients Name ..... **Policy number** ..... **Date of service** .....

The following custom ankle foot orthotic has been prescribed for the above patient.

RICHIE BRACE

- ☐ L1970 AFO, molded to patient model with Ankle joint (Richie standard brace)
- ☐ L1960 AFO, molded to patient model, posterior (Richie solid brace)
- ☐ L2820 addition, soft interface
- ☐ L2275 addition, varus/valgus control
- ☐ L3480 addition, orthotic plate accommodation, Arch suspender
- ☐ L2210 addition, dorsi assist/ plantar resist, ankle joint hinge, each, two per brace

GAUNTLET BRACE

- ☐ L1940 AFO molded to patient model, solid, plastic or other material
- ☐ L2275 addition, varus/valgus control
- ☐ L2280 addition, molded inner boot
- ☐ L2330 addition, lacer
- ☐ L2820 addition, soft interface

OTC BRACE

- ☐ L1971 pre fabricated

FUNCTIONAL ORTHOTIC

- ☐ L3000 Foot insert, molded to patient model, removable, UCBL type (bilateral, each)
- ☐ L3020 Foot insert, molded to patient model, removable, longitudinal and transverse arch (bilateral, each)

☐ **Other** .....

Diagnosis codes

☐ Achilles Tendonitis	☐ M76.61, right	☐ M76.62, left
☐ Posterior Tibial Tendinitis	☐ M76.821, right	☐ M76.822, left
☐ Peroneal Tendinitis	☐ M65.871, right	☐ M65.872, left
☐ Plantar Fasciitis		
☐ Hallux Valgus	☐ M20.11, right	☐ M20.12, left
☐ Hallux Rigidus	☐ M20.21, right	☐ M20.22 left
☐ Tailor Bunion	☐ M21.621, right	☐ M21.622, left
☐ Pain In Foot Or Ankle Joint	☐ M25.571, right	☐ M25.572, left
☐ Sinus Tarsi Syndrome	☐ M25.571, right	☐ M25.572, left
☐ Degenerative Joint Disease	☐ M19.071, right	☐ M19.072, left
☐ Other Joint Derangement	☐ M24.871, right	☐ M24.872, left
☐ Stress Fracture	☐ M84.374, right	☐ M84.375, left
☐ Pain In Limb	☐ M79.67, right	☐ M79.672, left
☐ Synovitis, Foot	☐ M65.871, right	☐ M65.872, left
☐ Acquired Flatfoot	☐ M21.41, right	☐ M21.42, left
☐ Acquired Clawfoot	☐ M21.531, right	☐ M21.532, left
☐ Acquired Clubfoot	☐ M21.541, right	☐ M21.542, left
☐ Spntaneous Tendon Rupture, Foot	☐ M66.871, right	☐ M66.872, left
☐ Muscle Weakness	☐ M62.81	
☐ Foot Drop	☐ M21.371, right	☐ M21.372, left
☐ Charcot Joint	☐ M14.671, right	☐ M14.672 left
☐ Spasm Of Calf Muscle	☐ M62.831	
☐ Leg Length Discrepancy	☐ M21.70	
☐ Neuroma	☐ G57.61, right	☐ G57.62, left
☐ Tarsal Tunnel Syndrome	☐ G57.51, right	☐ G57.52, left
☐ Peripheral Neuropathy	☐ G60.0	
☐ Multiple Sclerosis	☐ G35	
☐ Post Polio Syndrome	☐ G14	
☐ Congenital Clubfoot	☐ Q66.0	
☐ Tarsal Coalition	☐ Q66.89	
☐ Ataxic Gait	☐ R26.0	
☐ Difficulty In Walking	☐ R26.2	
☐ Unsteadiness Of Gait	☐ R26.81	
☐ Gait Abnormality	☐ R26.89	
☐ Fracture, Calcaneus	☐ S92.0	
☐ Fracture, Talus	☐ S92.1	
☐ Fracture Other Tarsal	☐ S92.2	
☐ Fracture Metatarsal	☐ S92.3	
☐ Fracture, Great Toe	☐ S92.4	
☐ Fracture, Lesser Toe	☐ S92.5	
☐ Sprain, Calcaneofibular Ligament	☐ S.93.411, right	☐ S93.412, left
☐ Sprain, Deltoid Ligament	☐ S93.421, right	☐ S93.422, left
☐ Sprain, Tibiofibular Ligament	☐ S93.431, right	☐ S93.432, left

☐ **Other** .....

Duration of Treatment for Custom Device

- ☐ Permanent or longstanding duration (greater than 6 months.
- ☐ There is a need to control motion of the foot and ankle in more than one plane.
- ☐ The patient has a documents orthopedic, neurological or traumatic condition that requires custom fabrication of a device over a model of the patient's extremity.

I hereby certify that the foot and/or ankle foot orthosis described above is a rigid or semi-rigid device is manufactured from a model of the patients lower extremity, which is used for the purpose of improving mobility, improving lower extremity stability and ability to ambulate, decreasing pain, and/or facilitating soft tissue healing. The prognosis for this patient is excellent with the use of the above described devices.

Physician ..... **Date** .....

2239 Business Way Riverside California 92501 | Phone: 1 800 496 0987 | Fax: 1 866 919 9268 | www.kevinrootmedical.com