

LETTER OF MEDICAL NECESSITY FOR CUSTOM MADE FOOT ORTHOTICS



PATIENTS INFORMATION

Date Policy number

Insurance Co Group number

Address Date of service

Re: Patient name HCPCS code L3000 LT and RT

Date of birth Diagnosis: ICD-10 Code(s)

The purpose of this letter is to provide clinical information on the necessity of custom foot orthotics for this patient. The patient has undergone professional evaluation and management including all pertinent tests, including radiography if needed, to ascertain the diagnosis. The treatment plan includes, but is not limited to the use of custom foot orthotics.

The orthotics will be made by an outside laboratory derived from impressions of the patients feet obtained either from a digital means or direct casting using foam or plaster. A prescription for corrections, additions and/or modifications needed will be included. The impressions will capture angular relations between particular parts of the feet, ankles and legs. The orthotics are being used to control biomechanical forces which are pathological in nature. The orthotic devices will be constructed of durable materials, (rigid or semi-rigid), such as thermoplastic or reinforced leather in order to provide stability to the lower extremities and promote proper functioning of the musculoskeletal structures of the feet, ankles and lower legs. By promoting normal function, and limiting abnormal compensatory motion, the goal of the treatment is to improve function, slow progression of deformity, reduce pain and potentially eliminate the need for more invasive treatments.

The use of the orthotics is considered to be long term and ongoing, the prognosis of the patient with this condition is excellent with the recommended use of the orthotics.

The devices conform with the definition of HCPCS L3000 (Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each) according to the position paper of the American Podiatric Medical Association, American Orthopedic Foot and Ankle Society, American Academy of Orthopedic Surgeons, American Physical Therapy Association, American Orthotic and Prosthetic Association, and Pedorthic Footcare Association dated May 11, 2018.

Thank you for your consideration. Please notify this office if any further information is required.

Sincerely,

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*Clinicians full name**