



Detailed Orthotic Prescription And Letter of Medical Necessity

PATIENT NAME: _____ DOB: _____

ADDRESS: _____

Date of Evaluation: _____

Date of Dispensing: _____

Prescription: Equinus Brace with Range of Motion (dorsiflexion assist and plantar flexion resist hinges) (L4396 with L2210)

L4396: STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE For Fit, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS Been Trimmed BENT, MOLDED, ASSEMBLED, **OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE**

L2210: ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT

Diagnosis: Plantar fasciitis (M72.2); Bilateral Ankle contracture (M24.571 and M24.572);

Why device(s) is/are needed: The Equinus Brace is a plastic **custom fitted** static Ankle-Foot Orthosis that will be used for 8-12 weeks or longer. Due to its design, it must be **custom fitted** to the patient by a health care provider with special expertise. This device cannot be purchased off the shelf or without a prescription (see enclosed copy of fitting instructions). The device has adjustable hinges (L2210) whose resistance and ROM are determined by the prescribing physician and periodically adjusted based on the physician's assessment of the patient's progress. It is a medically necessary anti-contracture device that will help maximize passive ankle dorsiflexion and active ROM (and windlass mechanism) to a more functional state required for normal gait. It will also help to reduce strain and/or pain on the plantar fascia, gastrocsoleus, posterior and lateral ankle joint capsule, and lower leg. This device will be supplemented with an independent home active stretching and strengthening program, and/or any already ongoing prescribed supervised physical therapy. This device is not available off-the-shelf in a pharmacy, DME Supplier or on the internet and must be custom fitted to each patient's specific anatomy and physiology by a trained health care provider (see above definition of L4396).

Duration of need: Equinus Brace use 8-12 weeks daily use , then 2-3x per weeks for maintenance.

Physician's Name: _____

Address: _____ City: _____ State _____

Physician's Signature: _____

NPI #: _____

Date: _____