

DME Form: Letter of Medical Necessity

Patient Name: _____

SSN: _____

Diagnosis Code:

- | | |
|---|---|
| <input type="checkbox"/> Adult acquired flatfoot – 734 | <input type="checkbox"/> Tendon rupture; ankle & foot – 727.68 |
| <input type="checkbox"/> Congenital flatfoot – 754.61 | <input type="checkbox"/> Chronic tibialis posterior tendonitis – 726.72 |
| <input type="checkbox"/> Pronation, acquired – 736.79 | <input type="checkbox"/> Osteoarthritis; ankle & foot – 715.17 |
| <input type="checkbox"/> Joint pain; ankle & foot – 719.47 | <input type="checkbox"/> Traumatic arthropathy; ankle & foot – 716.17 |
| <input type="checkbox"/> Tarsal coalition – 755.67 | <input type="checkbox"/> Instability of joint; ankle & foot – 718.87 |
| <input type="checkbox"/> Dropfoot – 736.79 | <input type="checkbox"/> Hemiplegia – 438.20 |
| <input type="checkbox"/> Calcaneofibular ligament sprain – 845.02 | <input type="checkbox"/> Deltoid ligament sprain – 845.01 |
| <input type="checkbox"/> Charcôt's arthropathy – 713.5 | <input type="checkbox"/> Chronic Achilles tendonitis – 726.71 |
| <input type="checkbox"/> Other: _____ | |

Description of Orthosis:

The following Ankle-Foot Orthosis (AFO) & Component Parts have been prescribed for the above patient:

- L1970: AFO, plastic, with ankle joint, custom fabricated
- L2210: Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint
- L2270: Addition to lower extremity, varus/valgus correction strap, padded/lined or malleolus pad
- L2820: Addition to lower extremity, soft tissue interface for molded plastic, below knee section
- L1940: AFO, plastic or other material, custom fabricated
- L2275: Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
- L2280: Addition to lower extremity, molded inner boot
- L1960: AFO, posterior solid ankle, plastic, custom fabricated
- L2330: Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
- L2340: Addition to lower extremity, pretibial shell, molded to patient model
- L3000: Foot insert, removable, molded to patient model. "UCBL" Type, Berkeley Shell, each. Plastic device, molded over model of patient's foot to provide control of the foot.
- L3020: Foot insert, molded to patient model, longitudinal and metatarsal support, each. A device molded over a model of the patient's foot and placed in the shoe to provide support under the ball of the foot.
- L1971: AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment
- Other: _____

Duration of Treatment/Medical Necessity:

The patient designated above qualifies for and will benefit from an ankle-foot orthosis based on the following criteria:

- The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months)
- The patient has had an orthopedic injury that requires bracing
- There is a need to control the ankle or foot in more than one plane
- The patient has a documented neurological, circulatory, or orthopedic condition that requires custom fabrication over a model of the patient's extremity 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 improving mobility, improving lower extremity stability, decreasing pain, and/ or facilitating soft tissue healing. The prognosis for this patient is excellent with the use of the above devices. A custom or pre-fabricated ankle-foot orthosis has been prescribed, based on the above diagnosis codes, in order to improve the patient's condition and ability to ambulate.

Physician

Date

UPIN