

# IMS Experts

## Physician Detail Written Order and Letter of Medical Necessity (LMN)

### Pre-fabricated Ankle/Foot Orthosis

PATIENT NAME:		ICD-10 / DX:	
DOB:		HCP CODE:	
PHYSICIAN:		NPI:	
PHYSICIAN PH #:		MED LICENSE:	

**These prescribed durable medical equipment product(s) are for treatment of the referenced patient. It is both reasonable and medically necessary to effectuate a maximum and expedient recovery.**

**ANKLE/FOOT INDICATIONS FOR PRESCRIBED PT:** choose option which applies to patient

**PRE FABRICATED FOOT ORTHOSES:** Pt requires Ankle/Foot brace (select one of the following)

Ankle-foot orthoses (AFO) described by codes L1900, L1902-L1990, L2106-L2116, L4350, L4360, L4386, L4387 and L4631 are covered for ambulatory beneficiaries with weakness or deformity of the foot and ankle, who:

- ☐ Require stabilization for medical reasons, and,
- ☐ Have the potential to benefit functionally.

An L4397 (Static or dynamic positioning ankle-foot orthosis) is covered if either all of criteria 1 - 4 or criterion 5 is met:

- ☐ Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture); and,
- ☐ Reasonable expectation of the ability to correct the contracture; and,
- ☐ Contracture is interfering or expected to interfere significantly with the beneficiary's functional abilities; and,
- ☐ Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons.
- ☐ The beneficiary has plantar fasciitis

**HCPCS Modifiers:**

- ☐ Left Foot
- ☐ Right Foot
- ☐ Bilateral

Type of Brace/Manufacturer issued to patient: \_\_\_\_\_ Qty: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Patient Start Date: \_\_\_\_\_

Length of Need: **(check one)** ☐ 99 months/lifetime ☐ Rental ☐ Other Duration \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature (NO STAMP)

***This information will become part of the dictation and permanent clinical record of the above patient.***