**ST-Sample Letter of Medical Necessity for Custom Functional Orthotics**

*The following is an example of a letter of Medical Necessity for custom made orthotics. This is one example of the type of data that should be included. Patient-specific data that led to the orthotic prescription must be included, along with all patient-centric treatment goals related to the orthotics. Be detailed about how you adhered to the payer’s Medical Review Policy and allowed diagnosis coding and how that relates specifically to your patient’s condition.*

Date

XYZ Insurance Company

123 Anywhere Drive

Anytown, NY 12345

RE: Jane Doe ID#: 12345

I am writing to provide the clinical justification to support my xx on behalf of Ms. Doe for custom functional orthotics.

Ms. Doe presented to our office on [date] for evaluation and treatment of [insert problem that warrants fitting of orthotics]. Diagnostic X-rays were taken on [date] indicating [give brief X-ray overview and denote any condition present]. An examination was performed on [date] and indicated [give brief examination overview listing positive findings and particularly those related to the need for orthotics]. Examination of the feet indicated [list the foot conditions that warrant the fitting of orthotics].

Outcome assessment tools were used with Ms. Doe on [date]. On the Revised Oswestry Low Back Disability Questionnaire [or other similar questionnaires], she indicated that standing was limited to 10 minutes before pain required her to sit for a period of time. She also indicated that pain prevented her from walking more than 1/4 mile. This limited function was noted.

In my professional opinion, this patient will benefit from custom functional orthotics. X-rays were also done to verify need based on the patient’s history and complaints. My functional goals are designed to support her body during walking and standing. Among the functional goals set for this patient is the goal to increase her tolerance to standing for up to one hour at a time by [date].

The patient was casted/optically scanned on [date], and individually designed functional orthotics were ordered. A treatment plan was formulated utilizing a combination of Chiropractic treatment and passive and active therapy to bring this patient to a point of maximum improvement. A full explanation of the treatment plan can be found under separate cover.

Ms. Doe will benefit from this proactive, well-balanced approach to her rehabilitation. Thank you for considering the necessity of these custom functional orthotics.

Sincerely,