**ST-Sample Letter of Medical Necessity for CPT® Code 97763, Orthotic(s)/prosthetic(s) management and/or training**

*Even when functional orthotics are not covered under a patient’s plan or due to the diagnosis for which the orthotics are prescribed, other services may be covered. Billing for this code may be appropriate when the patient returns with issues from the functional orthotics. The provider may need to spend extra time during a typical visit in order to assess the patient’s wearing issues. This code is billed in addition to other services and is time-based for coding purposes. Sometimes, when the service is denied, an appeal is necessary. This example provides important information for consideration when appealing denials for this code.*

XYZ Insurance Company

123 Anywhere Drive

Anytown, NY 12345

The purpose of this letter is to provide you with information that will allow you to understand the medical reasonableness for the orthotic management and training procedural service (CPT code 97763) we provided to Ms. Patient. We hope that this will allow you to authorize payment.

On [date], Ms. Patient presented to my office with right-sided foot pain, foot swelling, foot pronation, low back pain, and abnormal gait. Examination of the low back and bilateral lower extremities revealed [provide examination findings here]. Outcome assessment tools were also used with Ms. Patient. The Revised Oswestry Low Back Disability Questionnaire indicated that standing was limited to only 10 minutes before the pain in her right foot and low back required her to sit. She also indicated that the right foot pain prevents her from walking more than a 1/4 mile. This limited function was noted and therefore the patient was fitted for and supplied with custom functional orthotics on [date].

On [date], Ms. Patient returned to my office and stated that she feels better overall, however the foot swelling and pain on the right side are about the same.

On this visit, it was necessary for me to re-assess the orthotics and decide if any modifications were necessary. This assessment included the patient’s response to wearing the orthotics, possible skin irritation, determining if the patient was donning the orthotics properly and the need for additional padding or socks. It was my determination that the patient should continue wearing the individually designed functional orthotics as was originally prescribed. However, she will now do specific ankle/foot exercises and ice the right foot for 15 minutes 3 times per day. The orthotics are being used to support her feet and spine during walking and standing, and to help protect the spine, bones and soft tissues from repetitive shock and stress. The objective is to promote proper biomechanical movement, prevent pain, and possible re-injury. I was with the patient for 15 minutes performing the orthotic management and training service (CPT code 97763).

Please consider payment for this service, as it was clinically indicated and medically necessary.

Sincerely,