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

PATIENT NAME:		ICD-10 DX:	
DOB:		Additional DX:	
PHYSICIAN:	Hilary Alpert, MD	HCPC Code:	
PHYSICIAN PH #:	(718)448-3210	NPI:	1508077173

Insurance: Commercial Medicare Workers Compensation No Fault Liability

PRE-FABRICATED ANKLE/ FOOT ORTHOSES: Pt requires Ankle/Foot brace (select the following)

Ankle-foot Orthoses (HCPCS codes L1900, L1902-L1990, L2106-L2116, L4350, L4361, L4387 and L4631) are covered for ambulatory beneficiaries when medical necessity criteria are met:

Require stabilization for medical reasons, and have the potential to benefit functionally Correct ankle joint position during gait caused by weak muscles

Decrease strain on deformed joints of the hindfoot and ankle

## **HCPCS Code:**

L1902 - Game Day Ankle Brace L1902 - Target Ankle Wrap L1902 - Universal Plantar Fasciitis Support

L1902 - Lace Up Ankle Brace L1906 - Hinged Ankle Brace L4350 Ankle Stirrup

L1930 - Foot Drop Splint L4398 - Soft Foot Drop Brace L3260 - Med-Surg Shoe L3100 - Bunion Splint

L4361 - Pneumatic Walking boot L4387 - Walking boot, non-pneumatic L4387 - ROM Walker

## An L4396 or 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 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 Code:**

L4397 - Plantar Fasciitis Soft Boot L4397 - Posterior Night Splint

Length of Need: (check <b>one</b> )	99 months/lifetime	Rental	Other Duration				
X			Date				
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Physician Signature (NO STAMP)

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