

# Letter of Medical Necessity

## Pre-Authorization for Custom Orthotics (sample)

**Providers must provide clear evidence that the prescribed custom orthotic is in fact necessary to meet the medical and healthcare needs of his/her patient. Third-party insurance carriers will not provide coverage without the authorized Letter of Medical Necessity.**



Date

XYZ Insurance Company  
123 Anywhere Drive  
Anytown, NY 12345  
Re: Jane Joe ID#: 12345

Dear Insurance Company:

The purpose of this letter is to provide you with information that will assist you in determining the medical necessity and authorization for custom orthotics provided to (Mr. Patient).

On (date), (Mr. Patient) presented to my office with right foot pain, right ankle stiffness, (add additional conditions here). Examination revealed (list positive findings that warranted ordering orthotics).

I am requesting your approval for custom orthotics. The orthotics are necessary to provide stability for the lower extremity and to help promote proper functioning of the musculotendinous structures of the lower leg and foot. By controlling the abnormal motion and helping the foot to function in a more correct mechanical position, these devices may help slow the progress of structural deformities in the foot directly related to the lack of stability and help provide for patient comfort.

Please consider payment for the orthotics and thank you for your prompt consideration.

Please review this information as soon as possible and contact us if any further information is needed.

Sincerely,