

# Letter of Medical Necessity for Custom Orthotics (sample)

Date

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

CPT Code: L3000 RT Custom Orthotics  
Diagnosis Code: (insert ICD 10 Code)

CPT Code: L3000 LT Custom Orthotics  
Diagnosis Code: (insert ICD 10 Code)

I am writing to you to provide the clinical justification to support my decision to fit (Ms. Doe) with custom functional orthotics.

(Ms. Doe) presented to our office on (date) for evaluation and treatment of (insert problem that warrants fitting of orthotics).

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.)

A pair of custom molded orthotic devices has been prescribed. These devices 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 the patient comfort.

The patient was casted on (date) and custom functional orthotics were ordered.

If you should have any questions, please do not hesitate to contact this office.

Sincerely,