Date: [Date]

To: [Insurance Company Name]
Attention: Claims/Appeals Department
Fax/Address: [Insurance Fax Number or Address]

RE: Letter of Medical Necessity for Custom Orthotic Devices

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Member ID: [Insurance Member ID]
Group Number: [Group Number]
ICD-10 Code(s): [e.g., Q66.51 Congenital Pes Planus, M21.41 Pes Planus (acquired)]

To Whom It May Concern,

I am writing this letter on behalf of my patient, [Patient Name], to document the medical necessity for custom-molded foot orthotics (HCPCS Code: [e.g., L3000]).

Clinical Diagnosis and Findings:
The patient presents with symptomatic pediatric pes planus (flat foot). Upon clinical examination, the patient exhibits:

- [Significant arch collapse/valgus deformity of the hindfoot]
- [Pain in the midfoot, heel, or lower legs during daily activities]
- [Abnormal gait pattern or frequent tripping/falls]
- [Muscle fatigue and exercise intolerance]

Previous Conservative Treatments:
The following conservative measures have been attempted or considered:

- [Physical therapy and stretching exercises]
- [Activity modification]
- [Over-the-counter arch supports, which provided insufficient correction/relief]

Medical Justification:
Custom orthotics are required to provide proper structural alignment, stabilize the subtalar joint, and prevent further musculoskeletal complications such as tendonitis or secondary joint pain. Unlike over-the-counter inserts, these custom devices are fabricated from a three-dimensional mold of the patient's foot to address the specific severity of their deformity.

Duration:
The patient is expected to require these devices for at least [Number] months/years to support proper development and function.

I am requesting coverage for these medically necessary devices to ensure the patient maintains mobility and avoids more invasive surgical interventions in the future. Please contact my office at [Phone Number] if you require further documentation.

Sincerely,

[Physician Signature]
[Physician Name, MD/DPM]
[NPI Number]
[Practice Name]