

**Date:** [Date]

**To:** [Insurance Company Name]

**Attn:** [Appeals/Medical Review Department]

**Address:** [Insurance Company Address]

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Date of Birth]

**Policy ID:** [Insurance ID Number]

**Group Number:** [Group Number]

**Subject:** Letter of Medical Necessity for Custom Footwear/Orthotics

To Whom It May Concern,

I am writing to formally request coverage for custom-molded footwear and/or orthotics for my patient, [Patient Name], who is currently under my care for the treatment of Rheumatoid Arthritis (ICD-10: [Code, e.g., M06.9]).

**Clinical Diagnosis and History:**

The patient has been diagnosed with chronic Rheumatoid Arthritis, which has resulted in significant inflammatory joint destruction and structural deformities of the feet, specifically [List deformities, e.g., hallux valgus, hammer toes, or joint subluxation]. These conditions cause severe pain, gait instability, and a high risk of skin breakdown or ulceration.

**Medical Necessity:**

Due to the severity of the joint inflammation and structural changes, standard off-the-shelf footwear is inadequate and exacerbates the patient's condition. Custom footwear is medically necessary to:

- Provide essential off-loading of inflamed metatarsal heads.
- Accommodate fixed deformities that do not fit in standard shoes.
- Stabilize the midfoot and hindfoot to prevent further joint degradation.
- Maintain the patient's mobility and ability to perform Activities of Daily Living (ADLs).

**Prescription:**

I have prescribed the following: [Specific Description of Footwear/Orthotics].

In summary, this equipment is a vital component of the patient's treatment plan to prevent further physical disability and surgical intervention. Please contact my office at [Phone Number] if you require additional clinical documentation.

Sincerely,

[Physician Signature]

[Physician Name, MD/DPM]

[NPI Number]  
[Practice Name]