

# Orthotic Medical Necessity Verification

Patient Name:		Pt. HIC#:
Provider Name:		Date of Service:
By checking all the boxes below and providing the listed enclosures, this confirms that services are fully compliant of Medicare Integrity manual Chapter 13, section 13.5.1 <sup>1</sup> that stipulates that and item or services may be covered by a contractor LCD if the following criteria are met.		
1.	Medicare Requirement: <i>"Service to be reasonable and necessary and: Safe and effective"</i>	
	Medical Necessity Verification Enclosed medical records in the form of patient evaluation records and clinical documentation validate and confirm that a full evaluation was performed and documented in the medical record by a certified or licensed clinical specialist in an accredited facility. This documentation corroborates and conforms to the reasonable and medically necessary services as listed on the Detailed Written Order (DWO) and Certificate of Medical Necessity (CMS) by the treating physician.	
2.	Medicare Requirement: <i>"Not experimental or investigational"</i>	
	Medical Necessity Verification <i>"CMS does not cover experimental - innovative devices as they are not reasonable or necessary."</i> <sup>2</sup> Enclosed Proof of Delivery (POD) lists the Medicare approved HCPCS codes that have been assigned by Medicare: these codes have been vetted and deemed reasonable and medically necessary by Medicare (not experimental or investigational)	
3.	Medicare Requirement: <i>" Appropriate, including the duration and frequency that is considered appropriate for the item or service: Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member: One that meets, but does not exceed, the patient's medical need; and at least as beneficial as an existing and available medically appropriate alternative"</i>	
	Medical Necessity Verification Signed prescription from referring physician identifies the patients ICD-9 diagnosis code as consistent and thus reasonable and necessary and accepted standard of medical practice for the diagnosis or treatment of the patient's condition to improve function of a malformed body member.	
4.	Medicare Requirement: <i>"Furnished in a setting appropriate to the patient's medical needs and condition;"</i>	
	Medical Necessity Verification Services were provided in an appropriate setting to the patient's condition and medical needs.	
5.	Medicare Requirement: <i>"Ordered by a qualified personnel;"</i>	
	Medical Necessity Verification A detailed written order (DWO) in the form a prescription listing each item billed was signed and dated by the treating physician	
6.	Medicare Requirement: <i>"Furnished by qualified personnel;"</i>	
	Medical Necessity Verification Services were provided by a certified or licensed clinician, a copy of the clinician's credentials are enclosed.	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Enclosures:

- Medical Records<sup>1</sup> of Patient Clinical Evaluation
- Proof of Delivery
- Rx/Letter of Medical Necessity (Detailed Written Order)
- Facility Accreditation Document
- Clinician Certification/License

<sup>1</sup> <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c13.pdf>

<sup>2</sup> <https://www.cms.gov/manuals/Downloads/bp102c14.pdf>