

Letter of Medical Necessity of Multiple Finger Orthosis/Splint Intervention

Patient Name _____

DOB: _____ MR# _____ Place of Service: _____

Diagnosis: _____ ICD-10 Codes _____ Onset: _____

Treatment Rationale: Due to chronic pain, decreased strength, decreased fine motor skills and deformity patterns limiting functional performance in:

_____ Work Tasks _____ ADL Tasks _____ Home Maintenance _____ Adult or Childcare tasks

_____ Leisure Activities _____ Spiritual Activities _____ Exercise/Physical Maintenance Program

The following orthotic/splint intervention is the treatment of choice to redirect and/or control functional forces of the hand during ADL tasks. Considerations for optimal orthotic intervention include: minimizing tissue coverage to optimize dexterity and sensation, optimizing hygiene & minimizing risk factors of infection control, maximizing range of motion, grip and pinch strength, as well as, consideration of psychosocial impact in minimizing social perceptions of disability.

Due to basic hand anatomy and the current coding system for insurance reimbursement, multiple, duplicate L-codes are frequently charged to address digits requiring support or control of multiple joints on a single digit. The following chart indicates orthotic intervention provided and the joints involved clarifying any multiple L-Code charges.

Right Hand

L-Code	Fingers	Index	Middle	Ring	Small	L-Code	Thumb
L3913	MCP jt.	_____	_____	_____	_____	L3808/L3913	CMC jt. _____
L3933	PIP jt.	_____	_____	_____	_____	L3808/L3913	MCP jt. _____
L3933	DIP jt.	_____	_____	_____	_____	L3933	IP jt. _____

Left Hand

L-Code	Fingers	Index	Middle	Ring	Small	L-Code	Thumb
L3913	MCP jt.	_____	_____	_____	_____	L3808/L3913	CMC jt. _____
L3933	PIP jt.	_____	_____	_____	_____	L3808/L3913	MCP jt. _____
L3933	DIP jt.	_____	_____	_____	_____	L3933	IP jt. _____

Additional

Comments: _____

Therapist or Doctor Name:

Signature:
