


SMO

 **Howard**
Orthotics and Prosthetics

Roger R. Howard, CPO
Director

Name: _____ DOB: _____
Address: _____
Referring Physician: _____
Diagnosis: _____
Rx: _____

**CUSTOM MADE
LEFT/RIGHT
SMO**
ICD-10 DX: _____

Signature: _____
(Handwritten)
Date: _____ NPI: _____
(Handwritten)

DESIGNS FOR YOUR LIFESTYLE
316 Sherman Street • Watertown • New York 13601
315-786-8973 • fax: 315-786-7993
www.howardrehabcenter.com



At a minimum, the following needs to be in **Doctor's Progress Note** to ***establish medical necessity*** in order for a patient's health insurance to cover the cost of an orthosis:

1. Patient is ambulatory/non-ambulatory.
2. Patient exhibits weakness or deformity of the foot and/or ankle. Patient has the potential for functional benefit with orthotic treatment.
3. At least **one** of the following criteria must be met for coverage purposes:
 - A prefabricated foot orthosis was fit to the patient and deemed inappropriate.
 - The condition necessitating the need for the orthosis is expected to exist for more than 6 months.
 - The ankle, foot, and/or knee require(s) control in more than one plane.