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Predetermination of Benefits for Orthotics, DME, Diagnostic Ultrasound, etc.

Patient Name: _____ Date: _____
Insurance Company: _____
Person spoken with: _____ Date: _____
Supervisor Name: _____ Date: _____
Insurance effective date: _____ Insurance termination date: _____
Diagnosis: _____
Procedure: _____

Custom Orthotics

CPT Codes: Orthotics fabrication ___ L3000 Lt/Rt. Orthotic Casting ___ S0395 Lt/Rt. Casting material ___ A4580/A4590
Can we cast for orthotics in the office? Yes ___ No ___
How many pairs of orthotics: Per contract year? ___ Per calendar year? ___ Per contract lifetime? ___
Orthotics are payable at ___ %
What are the orthotic benefits exactly? Co-payment amount \$ ___ Deductible amount \$ ___
How much of the deductible has been met? \$ ___
Explain other benefits in detail: _____
Is a letter of medical necessity needed? Yes ___ No ___. Submit with the billing claim Yes ___ No ___
Is pre-approval/prior authorization needed? Yes ___ No ___

Durable Medical Equipment (DME - Soft casts, braces, AFOs, Richie braces, etc.)

Durable medical equipment (DME) is paid at ___ %
Brace: Gauntlet ___ L1940, L2275, L2280, L2340 Articulated Brace/Pretibial Shell ___ L1970, L2275, L2820, L2340, L2220
Does the patient have a durable medical equipment (DME) deductible? Yes ___ No ___ Amount ___
How much of the deductible has been met? _____

Other services:

May we x-ray in the office? Yes ___ No ___

Is authorization needed ___ and what are the patient's benefits and responsibilities for:

1. Diagnostic Ultrasound (___ CPT Code 76880 ultrasound extremity. ___ CPT Code 76942 ultrasound extremity with guided injection) _____
2. MRI/CT/WBC scan/Tri-phasic bone scan: _____
3. Arterial/Venous blood flow testing: _____
4. In/Out-patient surgery: _____

Confirmed information with patient on: _____. Left message on phone _____. Left detailed message with: _____. The patient has appointment for _____

This is to be performed on, date _____

Patient signature: _____ Employee signature: _____