

Insurance requires the following documentation for medical necessity before prior to processing any claim for DME.

- 1). Diagnosis and duration
- 2). Characteristics of tremor and/or abnormal movement pattern noted
- 3). Side(s) affected
- 4). Severity
- 5). List of functional deficits, nature and extent
- 6). Prognosis
- 7). Other therapeutic interventions and results
- 8). Justification for Custom Fabrication vs Prefab- Statement that Custom Fabrication is being ordered **must** be in the clinical note along with any of the following that apply to the patient:

a). Need for custom joint support due to at least ONE of the following: tremor causing hand and arm weakness, joint deformity, pain, stiffness, rigidity, tenosynovitis, abnormal tone, and/or joint contracture risk.

b). Need for proper anatomical positioning on involved side due to at least ONE of the following: presence of repetitive overexertion/strain due to tremors, history or risk for joint disease including OA, improper grasp utilized, excessive wrist extension while holding and manipulating objects, excessive shoulder elevation and/or adduction by side, and/or requires solid surfaces for support resulting in poor posture.

c). Patient responds favorably to manual sensory trick inhibition cue, *geste antagoniste* placed over involuntary contracting musculature in clinic. Since the custom orthoses components of the REDI-STEADI® system are based on the same proven neurological principle, the referred patient would be a good candidate.

- 9.) Frequency of use (ie: 99 or Lifetime)

Insurance requires a face-to-face visit within 90 days and all the above documentation must be in the clinical note from that visit. Insurance will NOT accept a letter from the physician. However, they will accept an addendum to the recent clinical note.

Please fax over the recent clinical note from a face-to-face visit that contain the following information to 833-513-0978.