STAR DME
Medical & Surgical Supply

Star DME Inc.
141-04 Rockaway Blvd, Suite 1F, Jamaica, NY 11436
Fax 844-438-5893 · Ph 917-300-2692
stardme.com

CAM Walking Boot

HCPCS L4361

Standard Written Order (SWO) and documentation guide. Fax this order with the patient's most recent visit note to **844-438-5893**.

Patient Information

Name _____ **DOB** _____

Address _____

Phone _____ **Cell** _____

Primary Insurance _____ **ID#** _____

Secondary Insurance _____ **ID#** _____

Order

	CODE	ITEM	QUANTITY
☐	**L4361**	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	**1 per side**

☐ **Right** ☐ **Left** ☐ **Both** **Length of need** _____

Diagnosis / ICD-10 _____

Coverage Criteria

Check only what is documented in the chart. Medicare LCD L33686 (Ankle-Foot Orthoses). The patient meets all of these:

- ☐ Ambulatory (able to walk)
- ☐ Weakness or deformity of the foot and ankle that requires stabilization for medical reasons, such as a fracture, severe sprain or surgery
- ☐ Has the potential to benefit functionally from the boot

What the Visit Note Must Show

In the treating practitioner's own words, from a recent visit:

- The diagnosis and which side (for example ankle or foot fracture, severe sprain, Achilles injury, foot surgery)
- The date and type of the injury or surgery
- Exam findings, and why the foot and ankle need to be immobilized and stabilized
- That the patient is ambulatory and able to walk with the boot

Practitioner

Signature _____ **Order date** _____

Printed name _____ **NPI** _____

Signature and date stamps are not acceptable. This form does not replace the practitioner's own medical record.