PLANTAR FASCIAL RELEASE REVIEW TOOL

Prior Justification for Outpatient Procedure Plantar Fascial Release
CPT code 28250 (division plantar fascia and muscle)
CPT code 29893 (endoscopic plantar fasciotomy)

Fax this form to (800) 280-7346 or call (585) 325-3114 or 1 (800) 999-3920
(Monday through Friday 8am – 4pm)
The completed faxed form will contain all the information for an authorization, the office will be called with the authorization number.

Patient/Member Information			
Last Name:	First Name:		DOB:
Member ID no.:	Secondary insurance:		
Provider Information			
Provider:	Office phone number: Fax:		Provider ID#
Date of Request:	Date of Surgery: Hospital:	CPT code:	ICD 9 Code:

Check off all that apply to member (additional office notes may be requested)

Indication

Plantar fasciitis - □ Indication not listed (provide clinical justification)

Pain :	Findings :
• Plantar foot/heel pain interferes with ADLs - □	• Tender at plantar fascia origin by PE - □

X-ray findings (if available, please submit report):

- Normal - □
- Heel spur - □

Continued Sx/findings after Rx:

- NSAID (one)
  - Rx ≥ 4 wks - □
  - Contraindicated/not tolerated - □
- Night splints ≥ 4 wks -
- Shoe insert (one)
  - Heel lift ≥ 6 mos. - □
  - Arch support ≥ 6 mos. - □
  - Orthotics ≥ 6 mos. - □
- Corticosteroids (one)
  - Injection - □
  - Phonophoresis/iontophoresis - □
- PT or structured/home exercise program ≥ 6 mos. in member's history *(if not, please add additional comments below)* - □
- Activity modification for ≥ 6 mos. - □

Narrative: (include presence of nerve compression and noncompliance issues, what reason member did not receive physical therapy/exercise, NSAIDs and/or night splints, orthotics, shoe inserts or corticosteroids)

Physician Signature: Date:

PLEASE NOTE: **By signing above, you are attesting to the accuracy of the information provided, and that medical record documentation is available if requested.**