



Physician Detail Written Order (RX) and
Letter of Medical Necessity (LMN)

PATIENT NAME:		ICD-10 DX:	
DOB:		Additional DX:	
PHYSICIAN:	Stephen Kulick, MD	HCPC Code:	
PHYSICIAN PH #:	(718)448-3210	NPI:	1265413975

Insurance: Commercial Medicare Workers Compensation No Fault Liability

LSO/TLSO INDICATIONS FOR PRESCRIBED PT: Select one or all that apply:

To reduce pain by restricting mobility to the trunk.

To facilitate healing following an injury to the **spine OR related soft tissue** (circle one)

To otherwise support **weak spinal muscles OR deformed spine** (circle one)

HCPCS: LSO L0650 TLSO L0457

CERVICAL COLLAR INDICATIONS FOR PRESCRIBED PT:

The Cervical Collar is being prescribed for the following: (Check options which applies to patient).

Used therapeutically to help realign the spinal cord and relieve pain Soft Tissue Injuries Post-Surgical

For strains, sprains or whiplash Cervical Disc Syndrome Cervicogenic

To help healing process Radiculopathy Fracture Management Neuropathy

HCPCS: L0180 – Aspen Multiple Post Collar L0172 - Aspen Shower Collar

KNEE BRACE INDICATIONS FOR PRESCRIBED PT:

PRE-FABRICATED KNEE ORTHOSES: Pt requires knee brace (select one of the following)

Weakness of the knee and requires stabilization Deformity of the knee that requires stabilization

A knee orthosis with condylar pads **with OR without** patellar control

Has had a recent knee injury to the knee or a surgical procedure on the knee(s)

HCPCS:

L1820 Knee Orthosis, Elastic w/Pads & Joints L1830 Knee Immobilizer L1833 Hinged Knee Brace

L1851 Knee orthosis, single upright L1852 Knee orthosis, double upright

DEEP VEIN THROMBOSIS (DVT) E0676 Unit INDICATIONS FOR PRESCRIBED PT:

Check which applies:

Patient is being prescribed the E0676 DVT home program to provide compression for patients that need home prophylaxis.

To stimulate circulation and reduce the chances of deep venous thromboses for members who are unable to walk or bedridden due to trauma, orthopedic surgery, neurosurgery or other circumstances preventing ambulation.

For the treatment of chronic venous insufficiency of the legs of members who have venous stasis ulcers that have failed to heal after a 6-month trial of conservative therapy directed by the treating physician.

Surgery Date _____

Length of Need: (check **one**) 99 months/lifetime Rental Other Duration _____

X _____ Date _____

Physician Signature (NO STAMP) Stephen Kulick, MD

This information will become part of the dictation and permanent clinical record of the above patient.