



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

PATIENT NAME:		ICD-10 DX:	
DOB:		Additional DX:	
PHYSICIAN:	John Shiau, MD	HCPC Code:	
PHYSICIAN PH #:	718-448-3210	NPI:	1346221058

Insurance: Commercial Medicare Workers Compensation No Fault Liability

BONE GROWTH STIMULATOR INDICATIONS FOR PRESCRIBED PT:
 E0748 Cervical, E0748 Lumbar
Cervical/Lumbar Bone Growth Stimulator (Must select one of the following):
 Failed spinal fusion (ICD-10 code Z98.1) where a minimum of nine months has elapsed since the last surgery.
 Following a multilevel spinal fusion surgery (ICD-10 code Z98.1).
 Following spinal fusion surgery (ICD-10 code Z98.1) where there is a history of a previously failed spinal fusion at the same site.

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

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 TLSS L0457

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) John Shiau, MD

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