



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

PATIENT NAME:		ICD-10 DX:	
DOB:		Additional DX:	
PHYSICIAN:	Edwin Chang, MD	HCPC Code:	
PHYSICIAN PH #:	718-448-3210	NPI:	1356322697

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      TLSO 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)      Edwin Chang, MD

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