



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

PATIENT NAME:		ICD-10 DX:	
DOB:		Additional DX:	
PHYSICIAN:	JOSEPH GIOVINAZZO, MD	HCPC Code:	
PHYSICIAN PH #:	(718)448-3210	NPI:	1689655920

Insurance:      Commercial      Medicare      Workers Compensation      No Fault Liability

**HAND/WRIST INDICATIONS FOR PRESCRIBED PT:**

**PRE-FABRICATED WRIST BRACE: DX Code:**

G56.00 Carpal tunnel syndrome      M06.9 Rheumatoid arthritis      S62.90XK Malunion and nonunion of fracture  
S62.90XP Malunion of fracture      M84.339K Radius with ulna      S62.109A Closed, carpal bone, unspecified Wrist NOS

**HCPCS Code:**

L3807 Wrist hand finger orthosis, without joint(s)      L3908 Wrist hand orthosis, wrist extension control cock-up  
L3916 Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment  
L3930 Hand finger orthosis, includes one or more non-torsion joint(s) off the shelf

**ELBOW/SHOULDER BRACE INDICATIONS FOR PRESCRIBED PT:** Pt requires elbow/shoulder brace (select one of the following)

To provide stabilization to weak or injured wrists  
Post cast healing or soft tissue injury

**HCPCS Code:**

L3670 Shoulder Abduction w/Pillow      L3960 Wing Shoulder Abduction      L3762 Cubital Elbow Brace  
L3760 Hinged Elbow Brace      A4466 Tennis Elbow Band

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

**HCPCS Code:**

L1820 Knee Orthosis, Elastic w/Pads & Joints      L1830 Knee Immobilizer      L1833 Hinged Knee Brace  
L1851 Knee orthosis, single upright      L1852 Knee orthosis, double upright

**PRE-FABRICATED ANKLE/ FOOT ORTHOSES:** Pt requires Ankle/Foot brace (select the following)

Require stabilization for medical reasons, and have the potential to benefit functionally  
Correct ankle joint position during gait caused by weak muscles  
Decrease strain on deformed joints of the hindfoot and ankle

**HCPCS Code:**      L1930 Foot Drop Splint      L1906 Hinged Ankle

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

X \_\_\_\_\_ Date \_\_\_\_\_  
Physician Signature (NO STAMP)

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