

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

PATIENT NAME:		ICD-10 DX:	
DOB:		Additional DX:	
PHYSICIAN:	Glenn Babus, DO	HCPC Code:	
PHYSICIAN PH #:	(718)448-3210	NPI:	1700867413

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 Pain
- To help healing process Radiculopathy Fracture Management Neuropathy

HCPCS: L0180 - Aspen Multiple Post 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

PRE-FABRICATED ANKLE/ FOOT ORTHOSES: Ankle-foot orthoses (AFO) described by codes L1900, L1902-L1990, L2106-L2116, L4350, L4360, L4386, L4387 and L4631 are covered for ambulatory beneficiaries with weakness or deformity of the foot and ankle, who: 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
- Improved gait stability Decrease progression of deformity

HCPCS Modifiers: Left side Right side Bilateral Surgery Date_____

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

X _____ Date_____

Physician Signature (NO STAMP) **Glenn Babus, DO**

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



Email: imsexpertsintake@att.net
 Fax (817)473-1839

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HAND/WRIST INDICATIONS FOR PRESCRIBED PT:

PRE-FABRICATED WRIST BRACE: Pt requires Hand/Wrist brace (Check all that apply)

- To provide stabilization to weak or injured wrists
- To prevent wrist flexion, extension, rotation, and deviation
- To provide treatment of carpal tunnel syndrome, tendinitis or Rheumatoid arthritis
- Post-surgical treatment of wrist and thumb
- Post cast healing or soft tissue injury

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:

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

The Elbow/Shoulder Brace is being prescribed for the following: (Check options which applies to patient).

- Lateral Epicondylitis Medial Epicondylitis Cubital Tunnel Syndrome Radial Tunnel Syndrome
- Carpal Tunnel Ulnar Nerve Entrapment at the Elbow Controlled ROM Hyperextension Prevention
- Chronic Elbow Injury Arthritis Bursitis Elbow Tendinitis Post-Elbow Dislocation
- Post-Surgical Stabilization UCL (Ulnar Collateral Ligament) Reconstruction To help healing process
- Fracture Management Sprain/Strain

TENS Unit FOR PRESCRIBED PT: Choose option which applies to patient

E0730 Transcutaneous electrical nerve stimulation (TENS) with Supplies for the management of refractory chronic pain (e.g., chronic musculoskeletal pain, or neuropathic pain) that causes significant disruption of function when the following conditions have been met:

- The pain is unresponsive to at least 3 months of conservative medical therapy;
- Pain has been present for at least three months of conservative medical therapy;
- Other appropriate treatment modalities must have been tried and failed

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

X _____ Date _____

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