



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

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

PATIENT NAME:		ICD-10 DX:	
DOB:		Additional DX:	
PHYSICIAN:		HCPC Code:	
PHYSICIAN PH #:		NPI:	

BONE GROWTH STIMULATOR INDICATIONS FOR PRESCRIBED PT:

E0748 Cervical, E0748 Lumbar, or E0747 Long Bone

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.
- Nonunion of a long bone fracture.
- Failed fusion of a joint other than in the spine (ICD-10 code Z98.1) where a minimum of nine months has elapsed since the last surgery.
- Congenital Pseudarthrosis

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 Stabilization
- For strains, sprains or whiplash
- Cervical Disc Syndrome
- Cervicogenic Pain
- To help healing process
- Radiculopathy
- Fracture Management
- Neuropathy
- Reduce the symptoms of Forward Head Carriage

HCPCS: L0120 – Soft Collar L0172 - Shower Collar L0174 - Semi Rigid L0180 - Multiple Post Collar / Vista® Multi Post Therapy 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 (circle one)
- has had a recent knee injury to the knee or a surgical procedure on the knee(s)

HCPCS Codes:

- L1812 Knee orthosis
- L2795 Sleeve
- L1820 Knee Orthosis, Elastic w/Pads & Joints
- L1830 Knee Immobilizer
- L1833 Hinged Knee Brace
- L1851 Knee orthosis, single upright
- L1852 Knee orthosis, double upright

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)

A Scoliosis Brace will often be prescribed if one or more of the following conditions are met:

- Cobb angle has reached at least 25 degrees and the patient still has significant growth left until skeletal maturity
- Cobb angle is less than 25 degrees but has rapidly progressed at least 5 degrees at the 4- to 6-month follow-up appointment
- To avoid a major surgery by either stopping curve progression altogether or at least preventing it from reaching 40/50 degrees
- To apply corrective forces on the spine to release load on the concave (inner) part of the curve and increase load on the convex (outer) part of the curve

HCPCS Code: LO L0627 LSO L0648 LSO L0650 TLSO L0457 TLSO L0464 Scoli Brace L1005 SI Belt L0621

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)

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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:
 L3809 Wrist hand finger orthosis, without joint(s) L3908 Wrist hand orthosis, wrist extension control cock-up
 L3984 Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment
 L3930 Hand finger orthosis, includes one or more nontorsion joint(s) off the shelf

ELBOW BRACE INDICATIONS FOR PRESCRIBED PT: L3670 – Shoulder/Elbow Orthosis L3762 – Elbow Orthosis
The Elbow 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 Tendonitis Post-Elbow Dislocation Post-Surgical Stabilization UCL (Ulnar Collateral Ligament) Reconstruction To help healing process Fracture Management Sprain/Strain

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.

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 one of the following)

Require stabilization for medical reasons, and, Have the potential to benefit functionally.

An L4397 (Static or dynamic positioning ankle-foot orthosis) is covered if either all of criteria 1 - 4 **OR** criterion 5 is met:

- 1) Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least 10 degrees (i.e., a nonfixed contracture); and,
- 2) Reasonable expectation of the ability to correct the contracture; and,
- 3) Contracture is interfering or expected to interfere significantly with the beneficiary's functional abilities; and,
- 4) Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons. **OR**
- 5) The beneficiary has plantar fasciitis

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)

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