



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

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

Insurance:      Commercial      Medicare      Workers Compensation      No Fault Liability

**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      M25.539 Pain in unspecified wrist
- M62.449 - Contracture of muscle, unspecified hand      M79.646 Pain in unspecified finger(s)
- M84.339K Radius with ulna      S62.109A Closed, carpal bone, unspecified Wrist NOS
- S62.90XK Malunion and nonunion of fracture      S62.90XP Malunion of fracture      S63.9 Sprain of wrist and hand

**HCPCS Code:**

- L3916 Trend Pro Universal Wrist Brace
- L3908 Versa Fit Wrist Brace
- L3807 Univ Lacer w/Thumb
- L3807 Thumb and Wrist/Thumb Spica
- L3908 Univ Leatherette Thumb Splint
- L3807 TKO Boxer Fracture Brace
- L3809 LMB Air-Soft™ Thumb Splint
- L3807 Hand/Thumb Orthosis
- L3908 Wrist-Hand PlastiCast
- L3807 Ambidextrous Wristlet w/Abducted Thumb

Surgery Date \_\_\_\_\_

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.*