

Rep: _____



fax Orders to: (817)975-1859
Or Email: imsexpertsintake@att.net

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

PATIENT NAME:		ICD-10 DX:	
DOB:		HCPCS Code:	
PHYSICIAN:		Date of SX:	
PHYSICIAN PH #:		NPI:	

BONE GROWTH STIMULATOR INDICATIONS FOR PRESCRIBED PT:

E0748 Cervical, E0748 Lumbar, or E0747 Long Bone

Fusion Levels: _____

Cervical/Lumbar Bone Growth Stimulator (Must select one of the following):

Failed spinal fusion (ICD-10 code M96.0) 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.

Risk Factors: Allograft Diabetes Obesity Smoking Multilevel Fusion Osteoporosis Fracture Gap " _____mm"
 Non-Union Arthritis No Instrumentation Bone Depleting Medications Other: _____

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 Post-Surgical Stabilization Fracture Management

For strains, sprains or whiplash Cervical Disc Syndrome Cervicogenic Pain Radiculopathy Neuropathy

HCPCS: L0120 Soft Collar L0172 Shower Collar L0174 Semi Rigid L0180 - Multiple Post 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:

A4467 Patellar Bandage L1820 Knee Orthosis, Elastic w/Pads & Joints L1830 Knee Immobilizer L2397 Sleeve/Brace

L1832/L1833 Hinged Knee L1843/ L1851 OA Knee Brace L1845/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: LSO L0631/L0648 LSO L0637/L0650 TLSO L0456/L0457 TLSO L0464 Scolli Brace L1005

HCPCS Modifiers: Left side Right side Bilateral **Surgery Date:** _____

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

Printed Physician Name	Physician Signature	Credentials	Date

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