

**Physician Order, Prescription, and Certificate of Medical Necessity for
Lumbar Sacral Orthosis (LSO)**

**FAX ORDERS TO
800.340.2955**

Order Date: _____

Patient Name: _____ DOB: _____ Phone: _____

Address: _____

Insurance info: _____ Secondary Ins. _____

Treating Physician: _____ NPI: _____

Physician Address: _____ Phone: _____

It is in my expert opinion that a LSO, HCPCS Code, L0631 or L0637 is medically necessary to facilitate management of this patient's diagnosis. This prescription also acts as the Letter of Medical Necessity. Please dispense as written.

- To facilitate healing following a surgical procedure on the spine or related soft tissue.
Date of procedure _____ *Description* _____
- To facilitate healing following an injury to the spine or related soft tissue.
- To Reduce pain by restricting mobility of the trunk.
To Otherwise support weak spinal muscles and/or a deformed spine.

I certify that the following statement is true. (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Lumbago (M54.5) | <input type="checkbox"/> Lumbosacral Spondylosis (M47.817) |
| <input type="checkbox"/> Spinal Stenosis (M48.0) | <input type="checkbox"/> Lumbar Strains (S33.5XXA) |
| <input type="checkbox"/> Muscle Weakness (M62.81) | <input type="checkbox"/> Spinal Disorder (M53.9) |
| <input type="checkbox"/> Spondylolisthesis (Q76.2) | <input type="checkbox"/> Lumbar/Lumbosacral Intervertebral (51.9) |
| <input type="checkbox"/> Lumbar Disc Displacement (M51.26) | <input type="checkbox"/> Disc Degeneration (51.36) |

**Duration: Patient has had this condition for _____ years _____ month's. (Chronic = 3 month's or more)
Estimated Length of Back Brace Need (# of Months) _____ 1-99 (99 = Lifetime)**

Our evaluation of the above patient has determined that providing the following back pain management Lumbar Sacral Orthosis product will benefit the patient.

Check the appropriate box below for Quantity one (1) back brace

- L0642 Venum Hybrid Lite (LSO)** – Sagittal control with posterior support that extends from L-1 below L-5; Beneficial for multiple level decompression, laminectomy, posterior lateral fusion.
- L0648 Venum Hybrid PRO (LSO)** – **Sagittal Control** back brace with posterior support that extends from sacrococcygeal junction to T-9 vertebra. Indicators included but not limited to; Degenerative and bulging discs, Herniated/bulging discs, Spinal Stenosis, Spondylolisthesis, Facet Syndrome, Thoracolumbar injury, Evasion surgery, Multi-Level Fusion. Lumbar Sacral mechanical back pain.
- L0650 Venum Hybrid X (LSO)** – **Sagittal & Coronal Control** back brace with posterior support that extends from sacrococcygeal junction to T-9 vertebra. Indicators included by not limited; Post-Operative stabilization protocol following spinal fusion, laminectomy/laminotomy, foraminotomy, laparoscopic disk replacement, IDET procedures. Multi-level decompression, Bust fractures, Chronic & mechanical low back pain.

(Physician Signature M.D. or D.O.)

Date

**If a CRNP or PA signs Rx, to meet Medical Guidelines an M.D. or D.O. wet ink must accompany signature.*

