



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

PATIENT NAME:		ICD-10 DX:	
DOB:		HCPSC 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

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

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

HCPSCS Code: ☐ LSO L0631/L0648 ☐ LSO L0639/L0651 ☐ TLSO L0456/L0457 ☐ TLSO L0464 ☐ Scoli Brace L1005

HCPSCS Modifiers: ☐ Left side ☐ Right side ☐ Bilateral

Surgery Date: _____

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

Printed Name	Signature	Credentials	Date

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