

Advent Medical Supplies



PRODUCT CATALOG

OUR MISSION

To provide unwavering support and innovative orthopedic solutions to our nation's heroes, empowering them to reclaim mobility, strength, and quality of life.



****In addition to the products listed within, Advent Medical has distribution ability for a wide array of DME per provider request.***

FOOTMAXX CUSTOM ORTHOTICS



Indications

Pes Planus - Plantar Fasciitis - Overpronation - Low Arch - Abnormal Gait
- Hallux Valgus - Morton's Neuroma - Metatarsal Fracture - Metatarsalgia
- Calluses - Corns - Hammer Toes - Hallux Limitus - Foot Deformities -
Ankle Instability - Shin Splints



This is an order for L3000-6 Footmaxx Berkeley Shell type Custom Orthotics including sets for combat boots, athletic shoes and dress uniform shoes from Advent Medical Supplies.

FOOTMAXX CUSTOM ORTHOTICS CONT.

Modules, postings, and accommodations are customizable for all pathologies in order to treat foot conditions, provide maximum and effective biomechanical control, comfort, and impact protection.



In order to guarantee patient satisfaction, modifications permitted up to 90 days following initial fitting.

This is an order for L3000-6 Footmaxx Berkeley Shell type Custom Orthotics including sets for combat boots, athletic shoes and dress uniform shoes from Advent Medical Supplies.

TENS ELECTRICAL STIMULATION DEVICE

4STIM RUSSIAN/TENS/NMES/IF

Indications

Pain Management - Inflammation - Edema - Muscle Re-education -
Muscle Spasms - Disuse Atrophy - Pelvic Floor
Strengthening/Incontinence



****PER TRICARE POLICY FROM 2017: TENS UNITS ARE NO LONGER COVERED FOR A BACK PAIN OR UNSPECIFIED DIAGNOSES. DENIALS CANNOT BE RESUBMITTED FOR 90 DAYS.***

This is an order for a home TENS unit for lifetime use code E0730-1 (for 99 months), Garment Code E0731-1, Year Supply Electrodes Code A4556-120, Lead Wires Code A4557-2 as a non-invasive modality to relieve chronic pain. Please provide in-person education and fitting of this equipment within a timeframe necessary to facilitate therapy regimen - as listed from Advent Medical Supplies.

TENS GARMENTS

MULTI-PURPOSE



JOINT BELT



BACK BELT



HAND/WRIST



NECK



FOOT/ANKLE



ELECTRODE SUPPLY ORDERS ALSO AVAILABLE

This is an order for a refill of Year Supply of Electrodes Code A4556-120 as listed from Advent Medical Supplies. Patient already has device and needs supply replacement for noninvasive modality to manage chronic pain.

Per Tricare policy, electrode refill orders are approved once every year

LYMPHEDEMA CARE

AIROS

FDA-CLEARED SEQUENTIAL COMPRESSION DEVICE



Indications

Lymphedema - Venous Stasis Ulcers - Venous Insufficiency -Peripheral Edema - Breast-Cancer Related Lymphedema - Lipedema - Other Venous Disorders



This is an order for E0652-1 and garments (Full Leg Sleeves E0667-2) (Full Arm Sleeves E0668-2) (Chest E0657-1) or comparable as listed from Advent Medical Supplies. Patient has Chronic Lymphedema. I am recommending a home compression pump for management of Lymphedema. Device will be delivered to patients home with instructions for usage by representative.

Initial diagnosis 189.0

Requires clinical notes and letter of medical necessity

LYMPHEDEMA CARE

THERABODY JETBOOTS PRIME



Indications

Lymphedema - Venous Stasis Ulcers - Venous Insufficiency -Peripheral Edema - Breast-Cancer Related Lymphedema - Lipedema - Other Venous Disorders



This is an order for an E0652-1 Pneumatic Compression Pump and Bilateral Full Leg Garments E0667-2 or alternative/comparable item as listed from Advent Medical Supplies. Patient has Chronic Lymphedema. I am recommending a home compression pump for management of Lymphedema. Device will be delivered to patients home with instructions for usage by representative.

Initial diagnosis 189.0

Requires clinical notes and letter of medical necessity

COMPRESSION STOCKINGS

For the prevention, treatment and management of venous and lymphatic disorders.



STYLES

KNEE HIGH - THIGH HIGH - WAIST HIGH - PANTYHOSE - MATERNITY CHAPS - ANTI-EMBOLISM - ULCER CARE - RELIEF - SPORT - ACTIVE SHEER - ULTRASHEER - OPAQUE - MEN'S DRESS

****Please see below for correct HCPCS codes and garment size/strength.***

Knee High



This is an order for A6530-12 Gradient Compression Stockings, Knee High, 18-30mmHg or comparable compression stockings as listed from Advent Medical Supplies.

18-30 mmHg

This is an order for A6552-12 Gradient Compression Stockings, Knee High, 30-40mmHg or comparable compression stockings as listed from Advent Medical Supplies.

30-40 mmHg

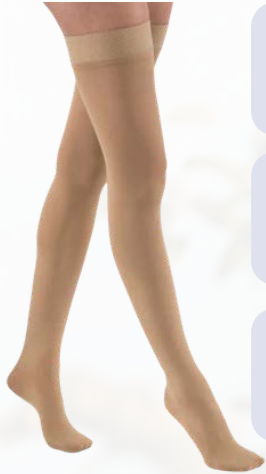
This is an order for A6554-12 Gradient Compression Stockings, Knee High, 40mmHg or comparable compression stockings as listed from Advent Medical Supplies.

40 mmHg or Greater

****Per Tricare policy, Patients can receive up to 6 pairs annually***

COMPRESSION STOCKINGS

Thigh High



This is an order for A6533-12 Gradient Compression Stockings, Thigh High, 18-20mmHg or comparable compression stockings as listed from Advent Medical Supplies.

18-30 mmHg

This is an order for A6534-12 Gradient Compression Stockings, Thigh High, 30-40mmHg or comparable compression stockings as listed from Advent Medical Supplies.

30-40 mmHg

This is an order for A6535-12 Gradient Compression Stockings, Thigh High, 40mmHg or comparable compression stockings as listed from Advent Medical Supplies.

40 mmHg
or Greater

Waist High



This is an order for A6539-12 Gradient Compression Stockings, Waist High, 18-30mmHg or comparable compression stockings as listed from Advent Medical Supplies.

18-30 mmHg

This is an order for A6540-12 Gradient Compression Stockings, Waist High, 30-40mmHg or comparable compression stockings as listed from Advent Medical Supplies.

30-40 mmHg

This is an order for A6541-12 Gradient Compression Stockings, Waist High, 40mmHg or comparable compression stockings as listed from Advent Medical Supplies.

40 mmHg
or Greater

**COMPRESSIONS STOCKINGS ARE AVAILABLE IN BOTH OPEN AND CLOSED TOE OPTIONS. PLEASE SPECIFY IN ORDER NOTES IF OPEN TOE IS PREFERRED - ALONG WITH ANY SPECIFIC STYLE PREFERENCES.*

*****Custom Fitted Stockings/Garments/Wraps are also available. Please contact your local representative for any questions regarding non-listed equipment and corresponding ordering information.***

COMPRESSION GARMENTS

Arm/Hand



This is an order for A6578-6 Gradient Compression Arm Sleeves as listed from Advent Medical Supplies.

15-20 mmHg
20-30 mmHg



This is an order for A6575-6 Gradient Compression Arm Sleeve and Glove combination as listed from Advent Medical Supplies.

15-20 mmHg
20-30 mmHg



This is an order for A6581-6 Gradient Compression Glove as listed from Advent Medical Supplies.

15-20 mmHg
20-30 mmHg



This is an order for A6582-6 Gradient Compression Gauntlet as listed from Advent Medical Supplies.

15-20 mmHg
20-30 mmHg

Neck/Head



This is an order for A6566-2 Gradient Compression Garment, Neck/Head as listed from Advent Medical Supplies.

Minimal Coverage w/
Full/Mid/No Neck
or
Medium Coverage w/
Full/Mid/Long Neck

Maternity



This is an order for A6539-12 Jobst Maternity Opaque Gradient Compression Stockings or comparable compression stockings as listed from Advent Medical Supplies.

15-20 mmHg
20-30 mmHg

Bra



This is an order for A6528-2 Gradient Compression Garment, Bra, for nighttime use or comparable as listed from Advent Medical Supplies.

SM-3XL



This is an order for A6589-3 Gradient Pressure Wrap with adjustable straps, Bra for daytime use as listed from Advent Medical Supplies.

XS-2XL

Post Surgical
Recovery

Everyday/
Active

CIRCAID JUXTALITE

Compression Wraps

**Per Tricare policy, patients are allowed up to 3 pairs per limb every 6 months.*



This is an order for A6583-6 Gradient Compression Wrap, below knee with adjustable straps as listed from Advent Medical Supplies.

20-30 mmHg
30-40 mmHg
40-50 mmHg



This is an order for A6587-6 Gradient Compression Wrap, Foot, with adjustable straps as listed from Advent Medical Supplies.

20-30 mmHg
30-40 mmHg
40-50 mmHg



This is an order for A6524-6 Gradient Compression Garment, Lower Leg and Foot padded, for nighttime use as listed from Advent Medical Supplies.

20-30 mmHg
30-40 mmHg
40-50 mmHg



This is an order for A6585-6 Gradient Compression Wrap, above knee with adjustable straps as listed from Advent Medical Supplies.

20-30 mmHg
30-40 mmHg
40-50 mmHg



This is an order for A6586-6 Gradient Compression Wrap, full leg with adjustable straps as listed from Advent Medical Supplies.

20-30 mmHg
30-40 mmHg
40-50 mmHg



This is an order for A6526-6 Gradient Compression Garment, Full leg and foot, padded for nighttime use, as listed from Advent Medical Supplies.

20-30 mmHg
30-40 mmHg
40-50 mmHg



This is an order for A6588-6 Gradient Compression Wrap, Arm with adjustable straps, as listed from Advent Medical Supplies.

20-30 mmHg
30-40 mmHg
40-50 mmHg

**Please specify desired compression class in order notes.*

CRYOTHERAPY

THESE PRODUCTS ARE UNIQUELY DESIGNED TO COMBINE THE BENEFITS OF PNEUMATIC COMPRESSION AND COLD THERAPY

CRYO PNEUMATIC KNEE



Indications

Following ACL Repair - Post Total Joint Surgery -
Meniscal Tears - Patella Realignment - Pain Reduction -
Muscle Spasm Reduction

This is an order for L1832-1 Pneumatic Knee with ROM Hinge or alternative/comparable knee brace as listed from Advent Medical Supplies.

CRYO BACK



Indications

Arthritis - Muscle Spasms - Low Back Pain -
Rehabilitation - Following Spinal Surgery

This is an order for L0637-1 LSO (Lumbar Sacral Orthosis) or alternative/comparable LSO brace as listed from Advent Medical Supplies.

CRYO CONTINUED...

CRYO PNEUMATIC HIP



Indications

Following Total Hip Replacement - Resurfacing -
Revision - Arthroscopy - Arthritis - Bursitis - Tendonitis
- Muscle or Tendon Strains - Labral Tears -
Femoroacetabular Impingement - Piriformis
Syndrome - Sciatica - Hip Dislocation/Subluxation

**This is an order for L1686-1 Pneumatic Hip Brace or
alternative/comparable hip brace as listed from
Advent Medical Supplies.**

CRYO PNEUMATIC SHOULDER



Indications

Swelling/Edema - Decrease Pain - Reduce Muscle
Spasms - Arthroscopy - Arthritis

**This is an order for L3670-1 Pneumatic Shoulder Brace or
alternative/comparable shoulder brace as listed from
Advent Medical Supplies.**

KNEE BRACING

Indications

Hyperextension; Moderate to severe **ACL** or **PCL** instabilities; **ACL/PCL** instabilities combined (**CI**); **MCL/LCL** instabilities; **ACL** or **PCL** reconstruction; Prophylactic use

DONJOY DEFIANCE® III CUSTOM KNEE BRACE



This is an order for L1846-1, L2820-1, L2830-1, L2755-2, L2397-1 DJO Defiance III Custom Knee Brace or alternative/comparable as listed from Advent Medical Supplies

Indications

Designed for the active **OA** patient, it is extremely lightweight, and provides durable support for **moderate to severe levels of osteoarthritis**. The bilateral hinge bars offers support for ligament instabilities and work in conjunction with a patented telescoping condyle pad which puts the load control in the hands of the patient.

DONJOY DEFIANCE® III OA CUSTOM KNEE BRACE



This is an order for L1846-1, L2820-1, L2830-1, L2755-2, L2397-1 DJO Defiance III OA Custom Knee Brace or alternative/comparable as listed from Advent Medical Supplies

KNEE BRACING

OSSUR CTI® CUSTOM KNEE BRACE

Indications

For knee conditions that may benefit from increased AP and ML stability around the knee, such as: **ACL, MCL, LCL, PCL**, rotary and combined instabilities (**CI**)



This is an order for L1846-1, L2820-1, L2830-1, L2755-2, L2397-1 Ossur CTI Custom Knee Brace or alternative/comparable as listed from Advent Medical Supplies.

OSSUR REBOUND® PCL CUSTOM KNEE BRACE

Indications

Non-surgical treatment of PCL ruptures. Post-surgical rehabilitation for: Partial PCL tears - PCL reconstruction/augmentation - PCL revision



This is an order for L1846-1, L2820-1, L2830-1, L2755-2, L2397-1 Ossur Rebound PCL Custom Knee Brace or alternative/comparable as listed from Advent Medical Supplies.

ICARUS ASCENDER UNLOADER CUSTOM KNEE BRACE



Indications

Osteoarthritis - Quadriceps Weakness - Nerve or Stroke Damage - Post-Operative Support - Patellofemoral Pain Syndrome



This is an order for L1846-1, L2397-1 Icarus Ascender Unloader Custom Knee Brace or alternative/comparable custom knee brace to aid in joint stabilization as listed from Advent Medical Supplies.

ICARUS ADONIS JOINT DISTRACTION KNEE BRACE



Indications

Osteoarthritis - Knee Instability



This is an order for L1844-1 Icarus Adonis Custom Knee Brace or alternative/comparable custom knee brace to aid in joint stabilization as listed from Advent Medical Supplies.

ICARUS KRONOS POST OPERATIVE UNLOADER



Indications

Any procedure that could benefit from unloading of extensor mechanism or patellofemoral compartment; ACL, MPFL, OCA, MACI, patellar/quads tendon repair



This is an order for L1846-1 Icarus Kronos Post-Op Custom Knee Brace or alternative/comparable as listed from Advent Medical Supplies.

M-BRACE VEGA ALIGNER KNEE BRACE



Indications

Instability of the Knee & Patella - Patellar Chondropathy - Retropatellar Osteoarthritis - General Knee Pain - Mild Chondromalacia - Condylar Fractures - Tibial Plateau Fractures - Post-Op



This is an order for an L1832-1 M-Brace Knee Orthosis or alternative/comparable knee orthosis as listed from Advent Medical Supplies.

OSSUR FORMFIT® ROM



Indications

Mild to Moderate ACL and PCL Tears - MCL and LCL Tears - Combined Mild Knee Sprains and Strains - Instabilities of the Knee



This is an order for an L1832-1 Ossur Formfit ROM Knee Orthosis or alternative/comparable knee orthosis as listed from Advent Medical Supplies.

OSSUR FORMFIT® MCL BRACE



Indications

Mild to Moderate MCL sprains (Grade I and Grade II)



This is an order for an L1843-1 Ossur Formfit Knee MCL Brace or alternative/comparable knee brace as listed from Advent Medical Supplies.

OSSUR REBOUND® POST-OP KNEE BRACE



Indications

For knee conditions that may benefit from increased stability around the knee, such as: Mild to moderate ACL or PCL, MCL and LCL instabilities, sprains, and strains

This is an order for L1832-1 Ossur Rebound Post-Op Knee Brace or alternative/comparable as listed from Advent Medical Supplies.

M-BRACE VEGA PLUS PATELLA STABILIZER



Indications

Instability of the Patella - Sub-Dislocations of the Patella - Femur-Patella Arthrosis - Fractures of the Patella - Post-Op (Associated Pathologies, Patella + Minor Instability of Collateral Ligaments)

This is an order for L1820-1 M-Brace Vega Patella Stabilizer Knee Orthosis or alternative/comparable as listed from Advent Medical Supplies.

CRYO PNEUMATIC KNEE BRACE



Indications

Following ACL Repair - Post Total Joint Surgery - Meniscal Tears - Patella Realignment - Pain Reduction - Muscle Spasm Reduction

This is an order for L1832-1 Pneumatic Knee Brace w/ ROM Hinge or alternative/comparable as listed from Advent Medical Supplies.

OSSUR FORMFIT® TRACKER PATELLA KNEE BRACE



Indications

Patellar Instability - Lateral Patellar Subluxation or Dislocation - Lateral Maltracking

This is an order for L1820-1 Ossur Formfit Tracker Knee Brace or alternative/comparable as listed from Advent Medical Supplies.

OSSUR FORMFIT® KNEE HINGED LATERAL J



Indications

Lateral Patellar Subluxations and Dislocations -
Lateral Patellofemoral Malalignment -
Patellofemoral Maltracking and Pain -
Chondromalacia due to Lateral Maltracking

This is an order for L1820-1 Ossur Formfit Knee Hinged Lateral J or alternative/comparable as listed from Advent Medical Supplies.

VIVE ALL TERRAIN KNEE WALKER



Indications

For Post-op use as a crutch replacement

This is an order for E0118-1 Vive All-Terrain Knee Walker or alternative/comparable as listed from Advent Medical Supplies.

FOOT & ANKLE

FOOTMAXX CUSTOM AXIOM AFO



This is an order for L1970-1, L2820-1 Footmaxx Custom Axiom Ankle Foot Orthosis or alternative/comparable AFO as listed from Advent Medical Supplies.

Indications

PTTD - Talocalcaneal Varus or Valgus - Tibialis Tendonitis - Severe Pronation or Pes Planus - Ankle Arthritis or DJD - Charcot Foot - Ankle, Subtalar, or Midtarsal Trauma - Chronic Achilles Tendonitis

ARIZONA AFO® GAUNTLET



This is an order for L1940-1, L2330-1, L2820-1 Footmaxx Custom Arizona Ankle Foot Orthosis or alternative/comparable AFO as listed from Advent Medical Supplies.

ASPEN M2 AFO



Indications

Foot drop secondary to neurologic conditions such as stroke, multiple sclerosis, trauma, injury or other conditions that result in weak ankle dorsiflexion function.

This is an order for L1951-1 (posterior), L1932-1 (anterior) Aspen M2 Ankle Foot Orthosis or alternative/comparable AFO as listed from Advent Medical Supplies.

VIVE HEALTH POST-OP SHOE



Indications

For use following surgery or trauma to the foot.

This is an order for L3260-1 Vive Health Post-Op Shoe or alternative/comparable as listed from Advent Medical Supplies.

ASPEN TRAVERSE AIR WALKER BOOT



This is an order for L4361-1 Aspen Traverse Air Walker Boot or alternative/comparable as listed from Advent Medical Supplies.

***Tall, Short, Peds options available.
Open or closed toe options available

Indications

Foot & Ankle Conditions that Benefit from Motion Restriction -
Stable Foot Fractures - Tendon or Ligamentous Sprain -
Postoperative and Rehab phase - Lower Extremity Soft Tissue
Injuries.

VIVE HEALTH 360 EXO WALKER BOOT



This is an order for L4361-1 360 Exo Walker Boot or alternative/comparable as listed from Advent Medical Supplies.

***Tall & Short options available.
Open or closed toe options available.

Indications

Plantar Fasciitis - Achilles Tendinopathy

DONJOY DORSAL NIGHT SPLINT



This is an order for L4396-1 DonJoy Dorsal Night Splint or alternative/comparable AFO as listed from Advent Medical Supplies.

OSSUR FORMFIT NIGHT SPLINT



This is an order for L4396-1 Ossur Formfit Night Splint or alternative/comparable AFO as listed from Advent Medical Supplies.

VIVE DORSAL NIGHT SPLINT



This is an order for L4398-1 Vive Dorsal Night Splint or alternative/comparable AFO as listed from Advent Medical Supplies.

ARYSE IFAST ANKLE STABILIZER



Indications

Ankle Injuries - Instability - Edema - Joint Effusions - Stiffness - Peroneal Tendon Strains

This is an order for L1902-1 ARYSE IFAST Ankle Stabilizer or alternative/comparable as listed from Advent Medical Supplies.

MED SPEC ASO SPEED LACER



Indications

Inversion or Eversion Ankle Sprains - Medial or Lateral Ankle Instability - Subtalar Joint Instability

This is an order for L1902-1 Med Spec ASO Speed Lacer Ankle Brace or alternative/comparable as listed from Advent Medical Supplies.

OPED VACOTALUS ANKLE BRACE



Indications

Ankle Injuries - Instability - Edema - Joint Effusions -
Stiffness - Peroneal Tendon Strains

**This is an order for L1902-1 OPED VACOTALUS Ankle
Brace or alternative/comparable as listed from
Advent Medical Supplies.**

HELLY & WEBER ACHILLES TT



Indications

Achilles Tendonitis - Severs Disease

**This is an order for L1902-1 Helly & Weber Achilles TT
or alternative/comparable as listed from Advent
Medical Supplies.**

AIRCAST AIRLIFT PTTD



Indications

Posterior Tibialis Tendon Dysfunction - Post-Op
Rehabilitation - Adult Acquired Flat Foot

**This is an order for L1902-1 Aircast Airlift PTTD Ankle
Brace or alternative/comparable as listed from
Advent Medical Supplies.**

FALCON™ ANKLE BRACE



Indications

Ankle Injury Rehabilitation - Sub-Acute Ankle Sprains -
Chronic Ankle Instabilities

**This is an order for L1971-1 Falcon Ankle Foot
Orthosis or alternative/comparable as listed from
Advent Medical Supplies.**

SHOULDER & CLAVICLE

DONJOY ULTRASLING QUADRANT

Indications

Total Shoulder Replacement - Shoulder Reconstruction - Superior Labral Repair & Debridement - Protocols Involving Stabilization Following Fractures to the Proximal Humerus, Elbow, & Forearm, Bankart Repair, Rotator Cuff Repair, Biceps Tendon Surgery, Shoulder Dislocation, Elbow Ligament & Tendon Repair



This is an order for L3960-1 DJO Ultrasling Quadrant Shoulder Brace or alternative/comparable as listed from Advent Medical Supplies.

DONJOY X-ACT FIT SHOULDER

Indications

Rotator Cuff Repairs - Bankart and Capsular Shift Procedures - Soft-tissue Strains - Shoulder Dislocation/Subluxation - Ruptures - AC-Joint Instabilities - Proximal Biceps Tenodesis - SLAP-Repairs - Fractures - SC Joint Separation - UCL Recon of the Elbow



This is an order for L3960-1 X-Act Fit Shoulder Brace or alternative/comparable as listed from Advent Medical Supplies.

OSSUR SHOULDER BRACE W/ AIRPLANE KIT



This is an order for L3960-1 Ossur Shoulder Brace w/ airplane kit or alternative/comparable as listed from Advent Medical Supplies.

Indications

Total Shoulder Replacement - Shoulder Reconstruction - Superior Labral Repair & Debridement - Protocols Involving Stabilization Following Fractures to the Proximal Humerus, Elbow, & Forearm, Bankart Repair, Rotator Cuff Repair, Biceps Tendon Surgery, Shoulder Dislocation, Elbow Ligament & Tendon Repair

OSSUR FORMFIT SHOULDER



This is an order for L3670-1 Ossur Formfit Shoulder or alternative/comparable as listed from Advent Medical Supplies.

DONJOY SULLY SHOULDER BRACE



Indications

Dislocations - Strains - Post-Op Recovery

This is an order for L3675-1 DJO Sully Shoulder Brace or alternative/comparable as listed from Advent Medical Supplies.

OSSUR FIGURE-8 CLAVICLE SPLINT



Indications

Clavicle Fractures and Dislocations - Postural Problems - Selected Soft Tissue Injuries

This is an order for L3660-1 Ossur Figure-8 Clavicle Splint or alternative/comparable as listed from Advent Medical Supplies.

CRYO PNEUMATIC SHOULDER



Indications

Swelling/Edema - Decrease Pain - Reduce Muscle Spasms - Arthroscopy - Arthritis

This is an order for L3670-1 Pneumatic Shoulder Brace or alternative/comparable as listed from Advent Medical Supplies.

PROCARE CLINIC SHOULDER IMMOBILIZER



Indications

Immobilization and Support of the Arm, Shoulder and Elbow Joints

This is an order for L3660-1 Procare Clinic Shoulder Immobilizer or alternative/comparable as listed from Advent Medical Supplies.

DONJOY ULTRASLING III



Indications

Immobilization and Soft Tissue Strains

This is an order for L3670-1 Donjoy Ultrasling III Shoulder Brace or alternative/comparable as listed from Advent Medical Supplies.

VIVE POSTURE CORRECTOR



Indications

Muscle Fatigue Relief - Tension Reduction in Neck, Shoulders, and Back - Spinal Alignment Support - Posture Correction

This is an order for L3650-1 Vive Posture Corrector Shoulder Brace or alternative/comparable as listed from Advent Medical Supplies.

ELBOW

HELLY & WEBER CUBITAL COMFORT BRACE



Indications

Cubital Tunnel Syndrome

This is an order for L3762-1 Cubital Comfort Elbow Brace or alternative/comparable as listed from Advent Medical Supplies.

HELLY & WEBER GELROD ELBOW



Indications

Cubital Tunnel Syndrome - Olecranon Bursitis/Bursectomy

This is an order for L3762-1 Helly & Weber GelRod Elbow Brace or alternative/comparable as listed from Advent Medical Supplies.

VIVE HEALTH STABILIZING ELBOW



Indications

Cubital Tunnel Syndrome - Tennis Elbow - Golfer's Elbow - Tendonitis - Strains

This is an order for L3762-1 Vive Stabilizing Elbow Brace or alternative/comparable as listed from Advent Medical Supplies.

DONJOY IROM ELBOW



Indications

Supracondylar Fractures - Stable Radial Fractures -
Lateral/Medial Epicondylitis

This is an order for L3760-1 Donjoy IROM Elbow Brace or alternative/comparable as listed from Advent Medical Supplies.

VIVE ROM ELBOW



Indications

Post-op - Ligament Injuries - Stable Fractures - Dislocations -
Soft-tissue Injuries

This is an order for L3761-1 Vive ROM Elbow Brace or alternative/comparable as listed from Advent Medical Supplies.

DONJOY CUSTOM ELBOW



Indications

Support for Medial/Lateral Ligament Instabilities and
Hyperextension Control

This is an order for L3760-1 Donjoy Custom Elbow Brace or alternative/comparable as listed from Advent Medical Supplies.

HIP

TREND QUICKFORM HIP



Indications

Hip Labral Repair and Resection - Hip Arthroscopy - Hip Capsulotomy - Femoroacetabular Impingement - Hip Support Following Surgery or Injury

This is an order for L1686-1 Trend Quickform Hip brace or alternative/comparable as listed from Advent Medical Supplies.

TREND DUAL QUICKFORM HIP



Indications

Hip Labral Repair and Resection - Hip Arthroscopy - Hip Capsulotomy - Femoroacetabular Impingement - Hip Support Following Surgery or Injury

This is an order for L1681-1 Trend Dual Quickform Hip brace or alternative/comparable as listed from Advent Medical Supplies.

ARCTIC HIP BRACE



Indications

Pre or Post-Op for Hip Arthroplasty or Revision - Arthroscopic Repairs - Dislocation, Dysplasia or Instability - Post-Op Proximal Hamstring Repairs - Labral Repairs or Resections

This is an order for L1686-1 Arctic Hip Abduction Orthosis or alternative/comparable as listed from Advent Medical Supplies.

CRYO PNEUMATIC HIP



Indications

Following Total Hip Replacement - Resurfacing - Revision - Arthroscopy - Arthritis - Bursitis - Tendonitis - Muscle or Tendon Strains - Labral Tears - Femoroacetabular Impingement - Piriformis Syndrome - Sciatica - Hip Dislocation/Subluxation

This is an order for an L1686-1 Pneumatic Hip Brace or alternative/comparable as listed from Advent Medical Supplies.

SPINE & BACK

TREND CORREX TLSO



This is an order for L0456-1 Trend Correx TLSO or alternative/comparable as listed from Advent Medical Supplies.

Indications

All Diagnoses Requiring Immobilization of the Thoracic and Lumbar Spine - Spinal Stenosis - Herniated Disc - Degenerative Spinal Fractures - Kyphosis

TREND EXTEND LSO



This is an order for L0639-1 Trend Extend LSO or alternative/comparable as listed from Advent Medical Supplies.

ASPEN HORIZON™ PRO LSO



Indications

Postoperative Support - Deconditioned Trunk Musculature - Post Laminectomy Syndrome - Decompression Procedures - Degenerative Disc Disease - Bulging or Herniated Disc - Non-Specific or Chronic Low Back Pain - Fracture Management - Spondylolysis - Spondylolisthesis - Spinal Stenosis - Ligament Sprains/Muscle Strains - SI Dysfunction - Sacroiliitis - Radiculopath Injections - Radiofrequency Ablation - Lumbar Multifidus - Muscle Atrophy

This is an order for L0637-1 Aspen Horizon Pro Lumbar Sacral Orthosis or alternative/comparable as listed from Advent Medical Supplies.

ASPEN ACTIVE™ P-TLSO



Indications

Post-Op Support - Degenerative Disc Disease - Bulging or Herniated Disc - Fracture Management - Spondylolysis - Spondylolisthesis - Spinal Stenosis - Kyphosis

This is an order for L0456-1 Aspen P-TLSO or alternative/comparable as listed from Advent Medical Supplies.

ASPEN VISTA® TLSO



This is an order for L0464-1 Aspen Vista TLSO or alternative/comparable as listed from Advent Medical Supplies.

CORETECH SI BELT



This is an order for L0621-1 Coretech SI Belt or alternative/comparable as listed from Advent Medical Supplies.

ASPEN VISTA CERVICAL COLLAR



This is an order for L0172-1 Aspen Vista Cervical Collar or alternative/comparable as listed from Advent Medical Supplies.

AMBULATORY LUMBAR TRACTION

DDS 500



Indications

Herniated/Bulging Discs - Lumbar Acute/Chronic Sprain - Spondylolysis and Spondylolisthesis - Compression Fracture in Lumbar Region - Failed Surgery Syndrome - Degenerative Disc Disease - Spinal Stenosis Sciatica - Congenital Weakness in Waist

This is an order for L0631-1 DDS 500 Lumbar Sacral Orthosis or alternative/comparable brace designed to provide trunk stability and keep the spine properly aligned to promote healing and decrease the chances of further injury, as listed from Advent Medical Supplies.

CRYO BACK



Indications

Arthritis - Muscle Spasms - Low Back Pain - Rehabilitation - Following Spinal Surgery

This is an order for L0637-1 Lumbar Sacral Orthosis or alternative/comparable as listed from Advent Medical Supplies.

HAND & WRIST

HEL Y & WEBER DEQ THUMB ORTHOSIS



Indications

deQuervains Tenosynovitis - CMC Arthritis -
Thumb Sprain/Strain - Intersection Syndrome

This is an order for L3923-1 Hely & Weber deQ thumb hand finger orthosis or alternative/comparable as listed from Advent Medical Supplies.

HEL Y & WEBER CMC CONTROLLER PLUS



Indications

CMC Arthritis of the Thumb

This is an order for L3923-1 Hely & Weber CMC Controller Plus hand finger orthosis or alternative/comparable as listed from Advent Medical Supplies.

HEL Y & WEBER THE HANDCUFF



Indications

Stable Metacarpal Fractures

This is an order for L3917-1 Hely & Weber Handcuff hand orthosis or alternative/comparable as listed from Advent Medical Supplies.

HELY & WEBER FINGERFIX HAND ORTHOSIS



Indications

Mallet Finger - Boutonniere Deformity - Finger Injury - Crush Injury - Trigger Finger

This is an order for L3927-1 Hely & Weber FingerFix finger orthosis or alternative/comparable as listed from Advent Medical Supplies.

HELY & WEBER TFO FRACTURE ORTHOSIS



Indications

Acute Wrist, Hand, Finger Injuries - Stable Fracture of the Wrist, Hand and/or Fingers - Crush Injuries

This is an order for L3807-1 Hely & Weber TFO Fracture Orthosis or alternative/comparable WHFO as listed from Advent Medical Supplies.

HELY & WEBER TKO 2.0 KNUCKLE ORTHOSIS



Indications

Boxer's Fracture - 2nd/3rd/4th/5th MC Fractures - MCP Joint Injuries - Proximal Phalanx Fractures - Ulnar Nerve Injuries

This is an order for L3807-1 Hely & Weber TKO Knuckle Orthosis or alternative/comparable WHFO as listed from Advent Medical Supplies.

HEL Y & WEBER MTC FRACTURE BRACE



Indications

Ulna, Scaphoid, Distal Radius and Wrist Fractures - TFCC Injury/Repair - Lateral Ulnar Collateral Ligament Repair - Multi-Trauma Injuries - Post-Operative Immobilization

This is an order for L3982-1 Hely & Weber MTC Fracture brace w/wrist or alternative/comparable HFO as listed from Advent Medical Supplies.

HEL Y & WEBER XTENDER



Indications

Extensor Tendon Injuries - Finger Sprain/Strains - Trigger Finger (Release)

This is an order for L3923-1 Hely & Weber XTender hand finger orthosis or alternative/comparable as listed from Advent Medical Supplies.

MEDSPEC CMC-X LACER THUMB STABILIZER



Indications

CMC Joint Osteoarthritis (OA) - Medial Subluxation of the CMC joint

This is an order for L3923-1 MedSpec Thumb Stabilizer hand finger orthosis or alternative/comparable as listed from Advent Medical Supplies.

COMFORT FORM WRIST BRACE



Indications

Mild to Moderate Sprains & Strains - Tendonitis -
Post-Cast Healing - Other Selected Soft Tissue
Injuries

This is an order for L3908-1 Comfort Form Wrist Brace or alternative/comparable as listed from Advent Medical Supplies.

COMFORT FORM WRIST & THUMB SUPPORT BRACE



Indications

For conditions such as: DeQuervain's Tendonitis -
Arthritis - Gamekeeper's Thumb - Soft Tissue Injuries
- Post-Cast Healing

This is an order for L3807-1 Comfort Form Wrist/Thumb Support Brace or alternative/comparable as listed from Advent Medical Supplies.

ASPEN HINGED WRIST



Indications

Conditions or injuries requiring stabilization of the
wrist/hand in a prescribed position of flexion, neutral
or extension.

This is an order for L3915-1 Aspen Hinged Wrist Brace or alternative/comparable as listed from Advent Medical Supplies.

PROCARE CTS WRIST SUPPORT



Indications

Wrist Support - Carpal Tunnel Syndrome (CTS),
Sprains & Strains - Wrist Tendonitis (Tenosynovitis)

This is an order for L3908-1 Procure CTS Wrist Support Brace or alternative/comparable as listed from Advent Medical Supplies.

MATERNITY

PREGNANCY SUPPORT, COMPRESSION, AND RELIEF

JOBST® MATERNITY SUPPORT BELT

THE MATERNITY BELT SUPPORTS THE BELLY IN ADVANCED STAGES OF PREGNANCY, AND IS INTENDED TO STABILIZE THE LUMBAR AREA WHILE PROVIDING RELIEF OF LOWER BACK PAIN.



This is an order for L2620-1 Maternity Support Belt or alternative/comparable as listed from Advent Medical Supplies.

JOBST® MATERNITY COMPRESSION STOCKINGS



This is an order for A6539-12 Jobst Maternity Opaque Waist High Gradient Compression Stockings or alternative/comparable as listed from Advent Medical Supplies.

MATERNITY

ASPEN POPPLE™ LSO

DESIGNED WITH A LIFTING ACTION TO SUPPORT THE ABDOMEN PLUS COMPRESSION TO SUPPORT THE LOWER SPINE.

THIS BRACE PROVIDES DIASTASIS RECTI SUPPORT, PELVIC TILT CORRECTION, AND POSTURAL ALIGNMENT ALL WITHOUT INHIBITING PELVIC FLOOR ACTIVATION.



This is an order for L0637-1 Aspen Popple Lumbar Sacral Orthosis or alternative/comparable as listed from Advent Medical Supplies.

TENS UNITS

A TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE CAN BE USED FOLLOWING PREGNANCY TO HELP RELIEVE PAIN AND AID IN PELVIC FLOOR THERAPIES.

SEE TENS SECTION ON PAGES 3-4 FOR MORE INFORMATION



This is an order for a home TENS unit for lifetime use code E0730-1 (for 99 months), Garment Code E0731-1, Year Supply Electrodes Code A4556-120, Lead Wires Code A4557-2 as a non-invasive modality to relieve chronic pain. Please provide in-person education and fitting of this equipment within a timeframe necessary to facilitate therapy regimen - as listed from Advent Medical Supplies.

BONE GROWTH STIMULATION

DONJOY 30-MINUTE CMF SPINALOGIC

Indications

Used as an adjunct electromagnetic treatment for accelerated spinal fusion surgery.



This is an order for E0748-1 DonJoy CMF Spinalogic Bone Growth Stimulator or alternative/comparable as listed from Advent Medical Supplies.

DONJOY CMF OL1000

Indications

For use in the noninvasive treatment of an established nonunion fracture of small/long bone.



This is an order for E0747-1 DonJoy CMF OL1000 Bone Growth Stimulator or alternative/comparable as listed from Advent Medical Supplies.

MANAMED REGENERATION MANAFUSE

Indications

For daily use in the noninvasive treatment of indicated fresh fractures and fracture nonunion using Low Intensity Pulsed Ultrasound Signal (LIPUS).



This is an order for E0760-1 Manafuse LIPUS Bone Growth Stimulator or alternative/comparable as listed from Advent Medical Supplies.

GENESIS ORDERING GUIDE

- 1. Choose “Add Order” (Top Left of Screen)**
- 2. In the Search Bar Type “Referral Request 2.0” and Choose “Done” (Bottom Right of Screen)**
- 3. Under “Details for Referral Request:”**
 - Referral Order Type “DME”
 - Under Medical Service “Select Durable Medical Equipment and Prosthetics”
 - Referral Reason: Enter Copy/Paste verbiage from suggested product ordering instructions (below product listings), or something similar relating to the diagnosis (e.g. Needs Custom Orthotics/Brace). Include the product name or type and HCPCS code associated with the product requested. If the copy/paste does not go heere it must go into “Order Comments”
- 4. Order Comments: Paste the verbiage from the copy/paste suggested below each product listing**
- 5. Diagnosis: Enter DX here (e.g. M21.40 for Foot/Ankle/Gait Diagnosis)**
- 6. Choose “Sign” (Bottom Right of Screen)**

**Any additional notes you want Advent Medical Supplies to see please include in ORDER COMMENTS (e.g. Patient has leg length discrepancy, please add full foot lift)*

CONTACT US!

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Hampton	Claiborne Building - West Lobby (Peninsula Town Center) 4410 East Claiborne Square, Ste 212 C, D Hampton, VA 23666
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