



**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: DX Code:

G56.00 Carpal tunnel syndrome M06.9 Rheumatoid arthritis S62.90XK Malunion and nonunion of fracture
S62.90XP Malunion of fracture M84.339K Radius with ulna S62.109A Closed, carpal bone, unspecified Wrist NOS

HCPCS Code:

L3807 Wrist hand finger orthosis, without joint(s) L3908 Wrist hand orthosis, wrist extension control cock-up
L3916 Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment
L3930 Hand finger orthosis, includes one or more non-torsion joint(s) off the shelf

ELBOW/SHOULDER BRACE INDICATIONS FOR PRESCRIBED PT: Pt requires elbow/shoulder brace (select one of the following)

To provide stabilization to weak or injured wrists
Post cast healing or soft tissue injury

HCPCS Code:

L3670 Shoulder Abduction w/Pillow L3960 Wing Shoulder Abduction L3762 Cubital Elbow Brace
L3760 Hinged Elbow Brace A4466 Tennis Elbow Band

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
Has had a recent knee injury to the knee or a surgical procedure on the knee(s)

HCPCS Code:

L1820 Knee Orthosis, Elastic w/Pads & Joints L1830 Knee Immobilizer L1833 Hinged Knee Brace
L1851 Knee orthosis, single upright L1852 Knee orthosis, double upright

PRE-FABRICATED ANKLE/ FOOT ORTHOSES: Pt requires Ankle/Foot brace (select the following)

Require stabilization for medical reasons, and have the potential to benefit functionally
Correct ankle joint position during gait caused by weak muscles
Decrease strain on deformed joints of the hindfoot and ankle

HCPCS Code: L1930 Foot Drop Splint L1906 Hinged Ankle

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.