

## 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) 667-7500	NPI:	

Insurance:      Commercial      Medicare      Workers Compensation      No Fault Liability

**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)

**HCPCS:**      LSO L0650      TLSO L0457

**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      Soft Tissue Injuries      Post-Surgical
- For strains, sprains or whiplash      Cervical Disc Syndrome      Cervicogenic Pain
- To help healing process      Radiculopathy      Fracture Management      Neuropathy

**HCPCS:**      L0180 - Aspen Multiple Post      L0172 – Aspen Shower 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
- Has had a recent knee injury to the knee or a surgical procedure on the knee(s)

**HCPCS:**

- 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:** Ankle-foot orthoses (AFO) described by codes L1900, L1902-L1990, L2106-L2116, L4350, L4360, L4386, L4387 and L4631 are covered for ambulatory beneficiaries with weakness or deformity of the foot and ankle, who: 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
- Improved gait stability Decrease progression of deformity

**HCPCS Modifiers:**      Left side      Right side      Bilateral      Surgery Date \_\_\_\_\_

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.***



Email: imsexpertsintake@att.net  
Fax (817)473-1839

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### HAND/WRIST INDICATIONS FOR PRESCRIBED PT:

**PRE-FABRICATED WRIST BRACE:** Pt requires Hand/Wrist brace (Check all that apply)

- To provide stabilization to weak or injured wrists
- To prevent wrist flexion, extension, rotation, and deviation
- To provide treatment of carpal tunnel syndrome, tendinitis or Rheumatoid arthritis
- Post-surgical treatment of wrist and thumb
- Post cast healing or soft tissue injury

### 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:

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

The Elbow/Shoulder Brace is being prescribed for the following: (Check options which applies to patient).

- Lateral Epicondylitis      Medial Epicondylitis      Cubital Tunnel Syndrome      Radial Tunnel Syndrome
- Carpal Tunnel      Ulnar Nerve Entrapment at the Elbow      Controlled ROM      Hyperextension Prevention
- Chronic Elbow Injury      Arthritis      Bursitis      Elbow Tendinitis      Post-Elbow Dislocation
- Post-Surgical Stabilization      UCL (Ulnar Collateral Ligament) Reconstruction      To help healing process
- Fracture Management      Sprain/Strain

### TENS Unit FOR PRESCRIBED PT: Choose option which applies to patient

**E0730 Transcutaneous electrical nerve stimulation (TENS) with Supplies** for the management of refractory chronic pain (e.g., chronic musculoskeletal pain, or neuropathic pain) that causes significant disruption of function when the following conditions have been met:

- The pain is unresponsive to at least 3 months of conservative medical therapy;
- Pain has been present for at least three months of conservative medical therapy;
- Other appropriate treatment modalities must have been tried and failed

HCPCS Modifiers:      Left side      Right side      Bilateral      Surgery Date \_\_\_\_\_

Length of Need: (check **one**)      99 months/lifetime      Rental      Other Duration \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature (NO STAMP)

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