

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

Date: _____

Patient Name _____

Address _____

City _____

State _____

Zip Code _____

Medicare # _____ Date of Birth _____ Male Female
(MM / DD / YYYY)

Dr. Information

Treating Physician _____

NPI # _____

Address _____

City _____

State _____

Zip Code _____

Office Phone _____

Office Fax _____

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 checked="" type="checkbox"/> Lumbago (724.2) | <input type="checkbox"/> Lumbosacral Sponylosis (721.3) |
| <input type="checkbox"/> Spinal Stenosis (724.0) | <input type="checkbox"/> Lumbar Strains / Sprain (847.2) |
| <input type="checkbox"/> Muscle Weakness (728.87) | <input type="checkbox"/> Spinal Disorder (724.9) |
| <input type="checkbox"/> Spondylolisthesis (756.12) | <input type="checkbox"/> Lumbar/Lumbosacral Intervertebral |
| <input type="checkbox"/> Lumbar Disc Displacement (722.10) | <input type="checkbox"/> Disc Degeneration (722.52) |

Duration: Patient has had this condition for ___ month's ___ years. (Chronic = 3 months 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 this patient.

- Check the appropriate box below for Quantity 1 Back Brace
- L0627 Flex Power Plus (LO) Lumbar Orthosis – Sagittal control with posterior support that extends from L-1 below L-5; Beneficial for multiple level decompression, laminectomy, posterior lateral fusion.
- L0637 Protégé / Tri-Mod (LSO) Lumbar Sacral Orthosis – **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, laproscopic disk replacement, IDET procedures. Multi-level decompression, Bust fractures, Chronic & mechanical low back pain.
- L0631 Passport / Premium Plus (LSO) Lumbar Sacral Orthosis – **Sagittal control** back brace with posterior support that extends from sacrococcygeal junction to T-9 vertebra. Indicators included by not limited to; Degenerative and bulging discs, Herniatged/bulging discs, Spinal senosis, Spondylolisthesis, Facet syndrome, thoracolumbar injury, evision surgery, multi-level fusion. Lumbara sacral mechanical 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 or stamped Signature must accompany signature.