

Physician Order, Prescription, and Certificate of Medical Necessity for Lumbar Orthosis (LO) or 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 LS or 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.

* Check One or More Boxes below:

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 One or More Boxes below:

Lumbago (724.2)

Lumbosacral Spondylosis (721.3)

Spinal Stenosis (724.0)

Lumbar Strains / Sprain (847.2)

Muscle Weakness (728.87)

Spinal Disorder (724.9)

Spondylolisthesis (756.12)

Lumbar/Lumbosacral Intervertebral

Lumbar Disc Displacement (722.10)

Disc Degeneration (722.52)

* **Complete - Duration: Patient has had this condition for ___ month's ___ years. (Chronic = 3 months or more)**

* Check One Box below:

Our evaluation of the above patient has determined that providing the following back pain management Lumbar orthosis product will benefit this patient. Check the appropriate box below for **Quantity 1 Back Brace**.

L0631 Premium Plus (LSO) Lumbar Sacral Orthosis – Sagittal control with posterior support that extends from sacrococcygeal junction to T-9 vertebra; Beneficial for thoracolumbar injury, evision surgery, multi-level fusion.

L0637 Tri-Mod Plus (LSO) Lumbar Sacral Orthosis – Sagittal & coronal control with posterior support that extends from sacrococcygeal junction to T-9 vertebra; Beneficial for Multiple level decompression, laminectomy, posterior lateral fusion, spondylolysis, spondylolisthesis & mechanical back pain.



(Physician Signature M.D. or D.O.)

Date

- **If a CRNP or PA signs Rx, to meet Insurance Guidelines an M.D. or D.O. wet ink or stamped Signature must accompany signature.**