



MISSION MEDICAL SUPPLY

CERTIFICATE OF MEDICAL NECESSITY LUMBAR SACRAL ORTHOSIS ORDER FORM

SAN DIEGO: 4444 EL CAJON BLVD STE. 3 - SAN DIEGO, CA. 92115 - TEL: 619-229-9597 - FAX: 619-229-9594
HOUSTON: 10515 BELLAIRE BLVD STE. M - HOUSTON, TX. 77072 - TEL: 281-933-3902 - FAX: 281-933-3949

Today's Date:

Referring Physician Name: NPI NO.:

Referring Phone: Referring Fax:

Physician Address: City: State: Zip:

MEMBER INFORMATION

FIRST NAME: LAST NAME: INITIAL:

PHYSICAL ADDRESS: CITY: STATE: Zip:

HOME PHONE: CELL PHONE: ALT. PHONE:

DATE OF BIRTH: HEIGHT:(FT) WEIGHT:(LBS) MEDICARE MEDICAL

INSURANCE GROUP NAME POLICY NO.

ICD-10 CODE DIAGNOSIS

- M81.0 - Osteoporosis M51.36 - Degenerative Disc Disease-lumbar
- M54.08 - Facet Syndrome- lumbar M53.9 - rsopathy, unspecified M47.817- Spondylosis/ Osteoarthritis- lumbar
- M51.26 - Herniated Disc- lumbar M54.5 - Chronic Low Back Pain M54.16 - Radiculopathy/ Radiculitis- lumbar
- M48.06 - Stenosis- lumbar OTHER: _____

HCPCS ITEM PRESCRIBED

Our evaluation of the above patient has determined that providing back pain management lumbar sacral orthois product will benefit this patient.

Check the appropriate box below for Quantity of 1 Back Brace.

- L0627-L0642 (LO) LUMBAR ORTHOSIS L0637 - L0639 (LSO) LUMBAR SACRAL ORTHOSIS L0631- L0648 (LSO) LUMBAR SACRAL ORTHOSIS

I have prescribed the above durable medical equipment for treatment of the referenced patient. It is both reasonable and medically necessary to effectuate a maximum and expedient recovery. CHECK ALL THAT APPLY. It is prescribed to

- Reduce Pain Reduce Muscle Spasm Reduce Edema/ Swelling Reduce reliance on narcotics/analgesics
- Increase Range of Motion (ROM) Post Operative/ Surgical Procedure
- Post Operative/Post Procedural pain control & edema Other: _____

PATIENT HISTORY (CHECK ALL THAT APPLY)

Check appropriate description(s) below as to why patient requires the product indicated above. CHECK ALL THAT APPLY.
Note: Necessary to check for Lumbar / Cervical Orthotics ONLY-must be reflected in chart notes as well (PLEASE ATTACH WITH ORDER).

- To reduce pain by restricting mobility of the trunk or neck
- To facilitate healing following an injury to the spine , neck or related soft tissue
- To facilitate healing following a spinal procedure or soft tissue procedure
- To otherwise support weak spinal muscles and/or a deformed spine
- LENGTH OF NEEDS _____ 99 MONTHS = LIFE TIME

PHYSICIAN SIGNATURE _____

DATE _____



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L0627 - - (LO) LUMBAR ORTHOSIS - Sagittal control with posterior support that extends from L1- below L5; Beneficial for multiple level decompression, laminectomy, posterior, lateral fusion.

L0637 - (LSO) LUMBAR SACRAL ORTHOSIS - Sagittal & coronal control back brace with posterior support that extends from sacrococcygeal junction to T-9 vertebra. Indicators included but not limited ; Post-operative stabilization protocol following spinal fusion laminectomy/ laminotomy, foraminotomy, laproscopic disk replacement, IDET procedures. Multit-level decompression, Bust fractures, Chronic & mechanical low back pain.

L0631 (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, Herniated/bulging discs, Spinal stenosis, Spondylolisthesis, Facet syndrome, thoracolumbar injury, revision surgery, multi-level fusion. Lumbar sacral mechanical back pain.